

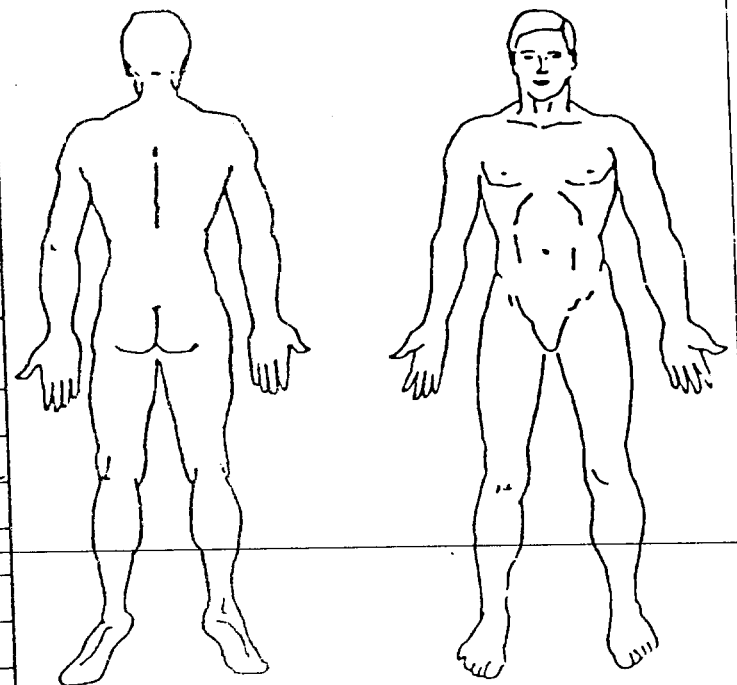
DEPARTMENT OF CORRECTIONS

EMERGENCY/ SHCU TREATMENT RECORD

(OTHER)

| | | | |
|-------------------------------|------------------------|--|---|
| DATE 9-27-01 | TIME 8:40 AM | FACILITY <u>SCC</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER |
| ALLERGIES <u>NKA</u> | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | |
| VITAL SIGNS: TEMP <u>97.6</u> | | ORAL RECTAL | RESP. <u>20</u> PULSE <u>76</u> B/P <u>90/60</u> RECHECK IF SYSTOLIC <u>120</u> <u>Sat 9-27-01</u> <100 > 50 |
| NATURE OF INJURY OR ILLNESS | | ABRASION/// | CONTUSION # |
| | | BURN xx | FRACTURE Z |
| | | | LACERATION/ SUTURES |

5. Heart fluttering + my left side is going numb and I want to see a Dr. was lifting weights +



WT 137

PHYSICAL EXAMINATION

6. Ambulates c. no problem. HR regular 5 skips or flutters - Cap. refill < 3 sec. - blanches well - Pulse in R foot + - G/O R/arm numb. In no apparent real distress - very somatic - G/O co-pay - Argumentative - G/O food @ chow hall - G/O no meds - Many complaints -

ORDERS, MEDICATION, etc.

States intent to sue for 80 thousand dollars -

A.P. Alteration in comfort
Refer chart to Dr. for complaints

DIAGNOSIS

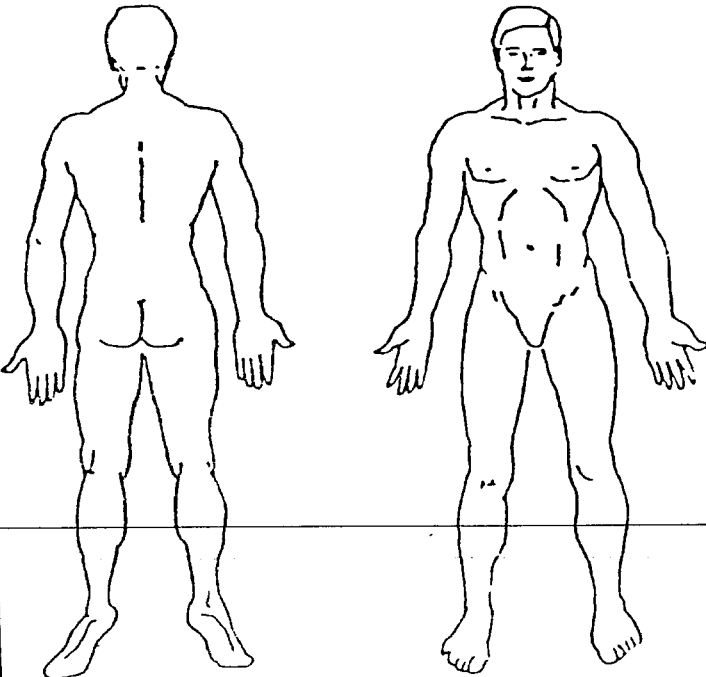
INSTRUCTIONS TO PATIENT

| | | | |
|---|------------------------|--|--|
| RELEASE/TRANSFER DATE 9/27/01 | TIME AM PM | RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL |
| NURSE'S SIGNATURE <i>R. May Jr</i> | DATE 9/27/01 | PHYSICIAN'S SIGNATURE <i>[Signature]</i> | DATE 9/29/01 |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) R. D. McIntosh | | AGE 19 | DATE OF BIRTH [Redacted] |
| | | R/S B | AIS # 208921 |

DEPARTMENT OF CORRECTIONS

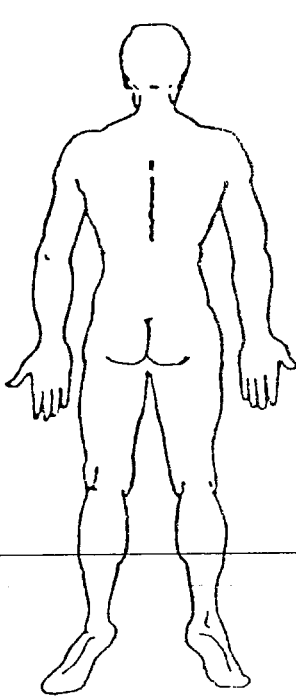
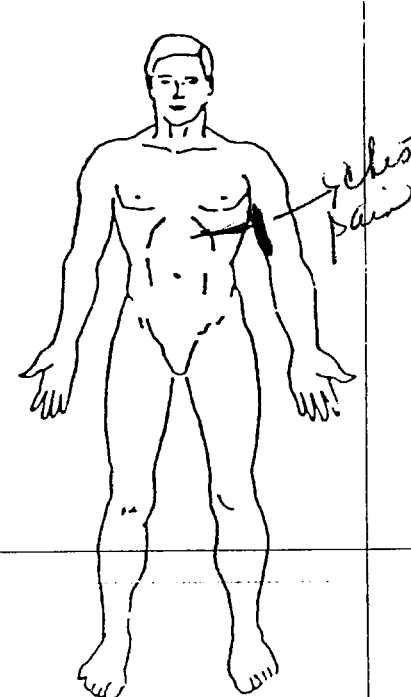
EMERGENCY/ SHCW TREATMENT RECORD

(OTHER)

| | | | | | | | |
|--|--|------------------------------|--|---|--|---|--|
| DATE <u>9-8-01</u> | | TIME <u>655</u> AM PM | | FACILITY <u>SCC</u> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>98.6</u> ORAL RECTAL RESP. <u>16</u> | | | | PULSE <u>68</u> B/P <u>100/58</u> | | RECHECK IF SYSTOLIC <u>100</u> <100 > 50 | |
| NATURE OF INJURY OR ILLNESS <u>Heart due fluttering + Clogged up</u> | | | | ABRASION/III | | CONTUSION # | |
| | | | | BURN ^{xx} _{xx} | | FRACTURE ^Z _Z | |
| PHYSICAL EXAMINATION <u>VS wnl - & diaphoresis</u> <u>NO N/V - & s/s Cardiac problems.</u> | | | |  | | | |
| | | | | | | | |
| A. <u>Alteration in Comfort -</u> ORDERS, MEDICATION, etc. | | | | | | | |
| P. <u>No tx necessary -</u> <u>(Referred to Mental Health for Complaints)</u> | | | | | | | |
| DIAGNOSIS <u>Relax</u> | | | | | | | |
| INSTRUCTIONS TO PATIENT <u>Return if needed</u> | | | | | | | |
| RELEASE/TRANSFER DATE <u>9/18/01</u> | | TIME <u>7:00</u> AM PM | | RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>R. Mays RN</u> | | DATE <u>9/8/01</u> | | PHYSICIAN'S SIGNATURE <u>Dr. J. M. M.D.</u> | | DATE <u>9/10/01</u> CONSULTATION <u>C1604</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>A. A. A. +</u> | | | | AGE <u>19</u> | | DATE OF BIRTH <u>[REDACTED]</u> | |
| | | | | R/S <u>B</u> | | AIS # <u>208924</u> | |

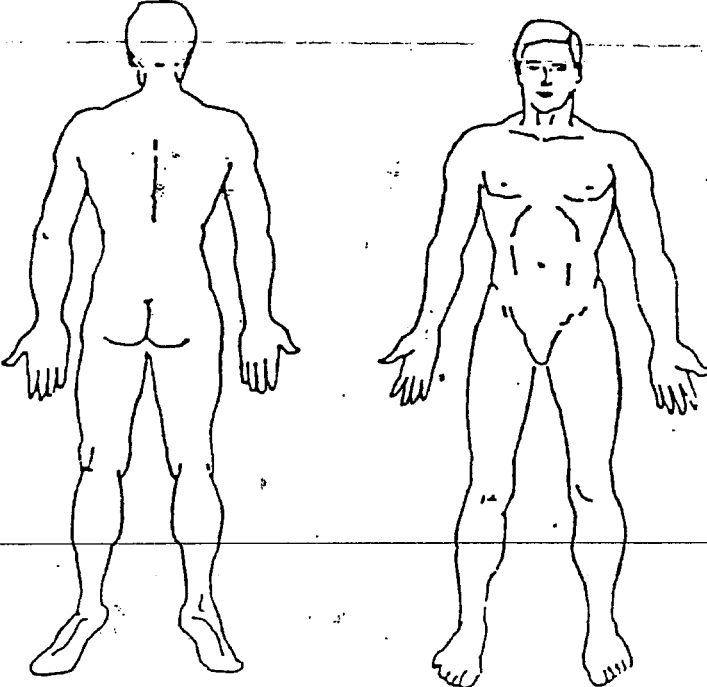
DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | | |
|--|------------------|---|---|------------------------|-------------|-------------------------------------|---------------------------------------|------------------------|
| DATE 8/29/01 | TIME AM PM | FACILITY <u>Station</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | | | | | |
| ALLERGIES <u>NKA</u> | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> | | | | | | |
| VITAL SIGNS: TEMP <u>97°</u> ORAL RECTAL RESP. <u>20</u> | | PULSE <u>84</u> B/P <u>120/80</u> | RECHECK IF SYSTOLIC <100 > 50 | | | | | |
| NATURE OF INJURY OR ILLNESS <u>5- My chest hurts (burn)</u> <u>under my (L) arm to the</u> <u>middle of my chest</u> <u>0- Chest skin warm, dry,</u> <u>lungs clear, O₂ sat 98% O</u> <u>SpO₂ flow 350 devices N/V</u> <u>(numbness) normal lab</u> PHYSICAL EXAMINATION <u>exam no acute distress</u> <u>A- Alteration in con. ext</u> <u>P- MD to Benin</u> | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">ABRASION//</td> <td style="width: 15%;">CONTUSION #</td> <td style="width: 15%;">BURN ^{xx} _{xx}</td> <td style="width: 15%;">FRACTURE ^Z _Z</td> <td style="width: 40%;">LACERATION/ SUTURE.</td> </tr> </table> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> | | ABRASION// | CONTUSION # | BURN ^{xx} _{xx} | FRACTURE ^Z _Z | LACERATION/ SUTURE. |
| ABRASION// | CONTUSION # | BURN ^{xx} _{xx} | FRACTURE ^Z _Z | LACERATION/ SUTURE. | | | | |
| ORDERS, MEDICATION, etc. | | | | | | | | |
| DIAGNOSIS | | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | | |
| RELEASE/TRANSFER DATE 8/29/01 | | TIME AM PM | | | | | | |
| RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | | | | | | |
| NURSE'S SIGNATURE <u>W. Smith</u> | | DATE 8/29/01 | | | | | | |
| PHYSICIAN'S SIGNATURE <u>MD</u> | | DATE 8/29/01 | | | | | | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Bruc. Courten</u> | | CONSULTATION <u>(1300)</u> | | | | | | |
| AGE 19 | | DATE OF BIRTH 8/2 | | | | | | |
| R/S 8/2 | | AIS # 208921 | | | | | | |

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | |
|---|--|-----------------|--|---|--|---|----------------------------------|
| DATE 8/19/01 | | TIME 8:28 AM | | FACILITY SCC | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES NKA | | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP 97.6 ^{ORAL} RECTAL RESP. 16 PULSE 76 B/P 126/82 | | | | RECHECK IF SYSTOLIC <100 > 50 | | | |
| NATURE OF INJURY OR ILLNESS S) "My heart is hurting" | | | | ABRASION/// | | CONTUSION # | BURN ^{XX} _{XX} |
| | | | | FRACTURE ^Z _Z | | LACERATION/ SUTURES | |
| PHYSICAL EXAMINATION G) Enter H LU per stretcher V/S w/ Resp i ease Lying on stretcher eye closed NAD Hx of C/O heart problem & evidence of cardiac problems At 0 x 3 skin w/ touch A) Alteration in comfort | | | |  | | | |
| | | | | | | | |
| ORDERS, MEDICATION, etc. 1) RTC PRN 2) Bed rest for remainder of day | | | | | | | |
| DIAGNOSIS | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | |
| RELEASE/TRANSFER DATE 8/19/01 | | TIME 8:30 PM | | RELEASE/TRANSFERRED TO SCC | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE [Signature] | | DATE 8/19/01 | | PHYSICIAN'S SIGNATURE [Signature] | | DATE/CONSULTATION 8/20/01 (0830) | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Boud. Courtney | | | | AGE 19 | | DATE OF BIRTH [Redacted] | |
| | | | | R/S BM | | AIS # 208921 | |



Release of Responsibility

Boyd Courtney
Name of Inmate

5/6/01
Date

208921
Inmate ID Number/Date of Birth

I hereby refuse to accept the following treatment / recommendations:

Sick Call

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

~~Courtney Boyd~~ 208921
Inmate Signature

B. Beck
Witness

5/6/01
Date / Time

The aforementioned inmate has refused the listed medical treatment(s)/recommendation(s) and has refused to sign this form.

Witness

Date / Time

Witness



Department of Corrections

Emergency/ SHCU Treatment Record

(Other)

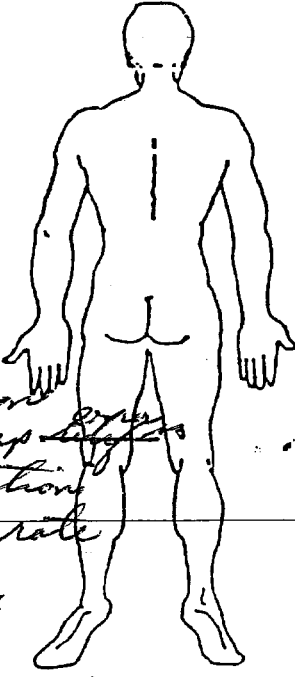
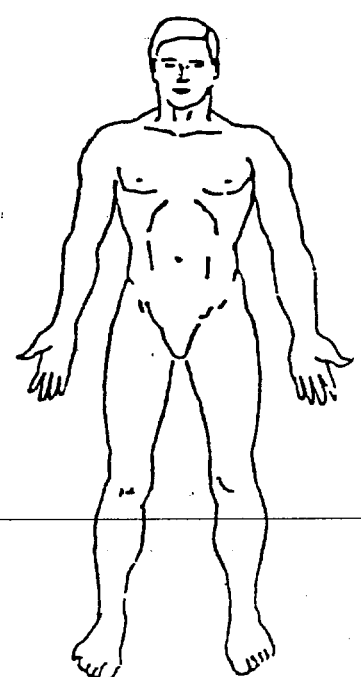
| | | | | | | | |
|---|--|----------------------------|--|--|--|--|--|
| Date <u>8-9-01</u> | | Time <u>9:45</u> <u>PM</u> | | Facility <u>SCC</u> | | <input type="checkbox"/> Emergency <input type="checkbox"/> Other | |
| Allergies | | | | Condition on Admission | | | |
| | | | | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma | | | |
| Vital Signs: | | | | Recheck if Systolic < 100 > 50 | | | |
| Temp <u>98.5</u> Oral Rectal | | Resp. <u>20</u> | | Pulse <u>76</u> | | B/P <u>110/70</u> <u>99% O2</u> | |
| Nature of Injury or Illness | | | | Abrasions <u>///</u> Contusion # <u></u> Burn <u>X</u> Fracture <u>Z</u> Laceration/ <u></u> Sutures <u></u> | | | |
| <u>I can't breathe -</u> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Physical Examination | | | | | | | |
| <u>All v/s normal -</u> <u>HR reg & steady - Pulse</u> <u>not pounding - NAD -</u> <u>Chest Clear - Lungs Clear</u> <u>all fields - Skin W+D</u> <u>to touch</u> <u>Alteration in Comfort</u> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Orders, Medication, etc. | | | | | | | |
| <u>Release to DOC - NO tx needed</u> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Diagnosis | | | | | | | |
| Instructions to Patient | | | | | | | |
| Release/Transfer Date | | Time | | Release/Transfer Date | | Condition on Discharge | |
| <u>8/19/01</u> | | <u>9:55</u> <u>PM</u> | | <u></u> | | <input type="radio"/> Satisfactory <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Critical | |
| Nurse's Signature | | Date | | Physician's Signature | | Date | |
| <u>R. May Jr</u> | | <u>8/9/01</u> | | <u>D. Wayne</u> | | <u>8/10/01 (1200)</u> | |
| Patient's Name (Last, First, Middle) | | | | Age | | Date of Birth | |
| <u>Boyd Courtney</u> | | | | <u>19</u> | | <u>[REDACTED]</u> | |
| | | | | R/S | | AIS # | |
| | | | | <u>B</u> | | <u>208921</u> | |

Original - Medical Record Yellow - Transfer Agent



Department of Corrections

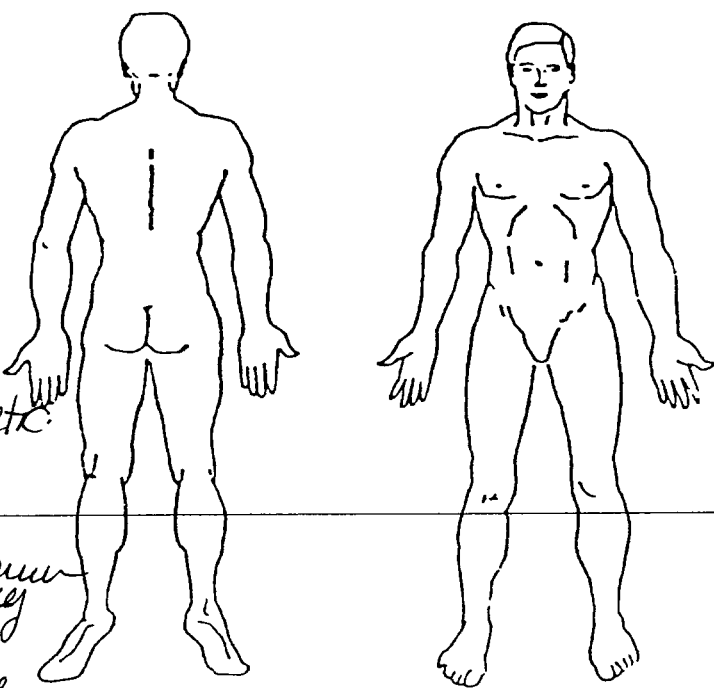
Emergency/ SHCU Treatment Record
(Other)

| | | | | | |
|--|-----------------------|---|---|--|---|
| Date <u>8/5/01</u> | Time <u>11:39</u> | AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> | Facility <u>see</u> | <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> Escaptee <input type="checkbox"/> | <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Other |
| Allergies <u>NKA</u> | | Condition on Admission <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma | | | |
| Vital Signs: Temp <u>97.9</u> <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Rectal | | Resp. <u>24</u> | Pulse <u>78</u> | B/P <u>110/80</u> | Recheck if Systolic < 100 > 50 |
| Nature of Injury or Illness <u>"Heart fluttering" "I'm dying"</u> | | Abrasions <u>///</u> Contusion # <u> </u> Burn <u>X</u> Fracture <u>Z</u> Laceration/ Suture | | | |
| Physical Examination <u>@ To HCU via stretcher - clutching @ side of chest - agitated - hyperventilating - thrashing around on stretcher - U/S WNL - lungs clear - Cap refill 3 sec - responded to instruction to calm down and slow breathing rate</u> <u>Hx many episodes similar to this</u> <u>All EKG's Normal - Had psych consult 6/26/01 -</u> <u>Attention in comfort, mental status @ this time</u> | |   | | | |
| Orders, Medication, etc. <u>MD. Recv</u> | | | | | |
| Diagnosis | | | | | |
| Instructions to Patient | | | | | |
| Release/Transfer Date <u>11/4/01</u> | Time <u>AM</u> | Release/Transfer Date <u>8/5/01</u> | <input checked="" type="checkbox"/> Doc <input type="checkbox"/> Ambulance | Condition on Discharge <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Critical | |
| Nurse's Signature <u>Robertson</u> | Date <u>8/5/01</u> | Physician's Signature <u>Dr. [Signature]</u> | Date <u>8/6/01</u> | Consultation <u>T100</u> | |
| Patient's Name (Last, First, Middle) <u>Boyd, Courtney</u> | | Age <u>19</u> | Date of Birth <u>[Redacted]</u> | R/S <u>A/M</u> | AIS # <u>208921</u> |

Original - Medical Record Yellow - Transfer Agent

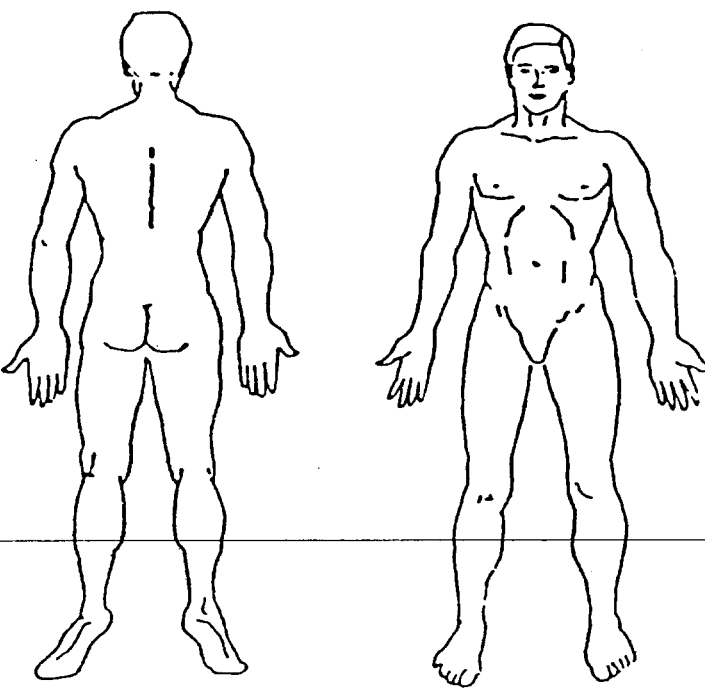
Dept. of Corrections - Emergency/Other Treatment Record

DEPARTMENT OF CORRECTIONS
EMERGENCY/ Station **TREATMENT RECORD**
 (OTHER)

| | | | | | | |
|---|--|--|---|-----------------|---|--|
| DATE <u>8/5/01</u> | | TIME <u>8:00 P</u> <u>AM</u> <u>PM</u> | FACILITY <u>Station</u> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>98.0</u> | | ORAL RECTAL | RESP. <u>20</u> | PULSE <u>78</u> | B/P <u>109/60</u> | RECHECK IF SYSTOLIC <u>98%</u> <100> 50 |
| NATURE OF INJURY OR ILLNESS <u>S. Chest. heaving Reeps</u> <u>Fluttering</u> | | | ABRASION/// | CONTUSION # | BURN ^{xx} _{xx} | FRACTURE ^Z _Z |
| | | | LACERATION/ SUTURES | | | |
| PHYSICAL EXAMINATION <u>O. Amb to steth resp. clear</u> <u>Skin up to touch & diaphoretic</u> <u>lung clear bilaterally</u> <u>Cap refill 2-3 sec has</u> <u>HR of chronic comp counts</u> <u>of chest pains ^{up to 12} 4-6 12 today</u> <u>88 apical pulse 6 tooth ache</u> <u>6 nausea & vomiting ECG done</u> <u>7/18/01, 7/20/01, 5/13/01, 1/10/01 NADP</u> | | |  | | | |
| | | | | | | |
| ORDERS, MEDICATION, etc. <u>A. Attention in comfort.</u> <u>P. I.M.D to Review.</u> <u>of R/C meds PRN for pain</u> <u>terror</u> | | | | | | |
| DIAGNOSIS | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | |
| RELEASE/TRANSFER DATE <u>08/05/01</u> | | TIME <u>8 P</u> <u>AM</u> <u>PM</u> | RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>[Signature]</u> | | DATE <u>8/5/01</u> | PHYSICIAN'S SIGNATURE | | DATE | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) | | AGE <u>19</u> | DATE OF BIRTH | | R/S <u>Bm</u> | AIS # <u>2-00-21</u> |

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| DATE <u>7/28/01</u> | | TIME <u>6:35</u> <u>AM</u> | | FACILITY <u>State</u> | | <input type="checkbox"/> EMERGENCY | |
| | | <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>98.2</u> | | ORAL RECTAL | | RESP. <u>20</u> | | PULSE <u>70</u> B/P <u>120/80</u> | |
| NATURE OF INJURY OR ILLNESS <u>5" il laceration on back</u> <u>O- Alert, skin warm et dry</u> <u>lungs clear heart RRR</u> <u>rotten tooth noted (R) side</u> <u>back small amt bleeding</u> <u>& swelling</u> | | ABRASION/// | | CONTUSION # | | BURN ^{xx} _{xx} | |
| | | | | | | FRACTURE ^z _z | |
| | | | | | | LACERATION/ SUTURES | |
| PHYSICAL EXAMINATION <u>A- Alteration in comfort</u> <u>P- Sign + for Dextrot</u> | |  | | | | | |
| ORDERS, MEDICATION, etc. | | | | | | | |
| DIAGNOSIS | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | |
| RELEASE/TRANSFER DATE <u>7/28/01</u> | | TIME <u>6:40</u> <u>AM</u> | | RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>Wall-Smith</u> | | DATE <u>7/28/01</u> | | PHYSICIAN'S SIGNATURE <u>[Signature]</u> | | DATE <u>7/31/01</u> CONSULTATION <u>(1300)</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Brandon Courtney</u> | | | | AGE <u>19</u> | | DATE OF BIRTH <u>[Redacted]</u> | |
| | | | | R/S <u>B/m</u> | | AIS # <u>208921</u> | |



Release of Responsibility

Boyd, Courtney
Name of Inmate

7-26-01
Date

208921
Inmate ID Number/Date of Birth

hereby refuse to accept the following treatment / recommendations:

refusing dental treatment

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Courtney Boyd 208921
Inmate Signature

J. R. in COT
Witness

7-26-01
Date / Time

The aforementioned inmate has refused the listed medical treatment(s)/recommendation(s) and has refused to sign this form.

Witness

Date / Time

Witness



Department of Corrections

Emergency/ SHCW Treatment Record

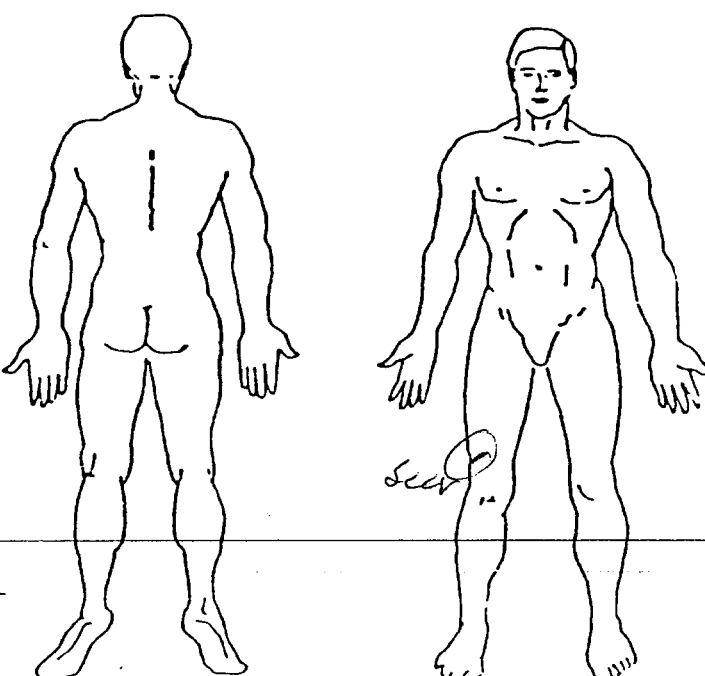
(Other)

| | | | | | | | |
|--------------------------------------|--|--|--|-----------------------|--|--|--|
| Date <u>7-16-01</u> | | Time <u>2:40</u> <small>AM</small> <u>PM</u> | | Facility <u>SCC</u> | | <input type="checkbox"/> Emergency <input type="checkbox"/> Other | |
| Allergies <u>NKA</u> | | Condition on Admission <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma | | | | | |
| Vital Signs: | | Recheck if Systolic < 100 > 50 | | | | | |
| Temp <u>97.1</u> | | Oral Rectal | | Resp. <u>20</u> | | Pulse <u>76</u> | |
| B/P <u>94/54</u> | | | | | | | |
| Nature of Injury or Illness | | Abrasions /// | | Contusion # | | Burn <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | |
| <u>My heart is fluttering</u> | | Fracture <u>2</u> | | Laceration/ | | Sutures | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Physical Examination | | | | | | | |
| <u>Heart rate regular + strong</u> | | | | | | | |
| <u>skips & rapid beats</u> | | | | | | | |
| <u>Lungs clear all fields</u> | | | | | | | |
| Alteration in Comfort - | | | | | | | |
| Orders, Medication, etc. | | | | | | | |
| <u>No tx needed</u> | | | | | | | |
| Diagnosis | | | | | | | |
| Instructions to Patient | | | | | | | |
| Release/Transfer Date | | Time | | Release/Transfer Date | | Condition on Discharge | |
| <u>/ /</u> | | <u>AM</u> <u>PM</u> | | <u>/ /</u> | | <input type="radio"/> Satisfactory <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Critical | |
| Nurse's Signature | | Date | | Physician's Signature | | Date | |
| <u>[Signature]</u> | | <u>7/16/01</u> | | <u>[Signature]</u> | | <u>7/18/01 (1000)</u> | |
| Patient's Name (Last, First, Middle) | | Age | | Date of Birth | | R/S | |
| <u>Boyd Courtney</u> | | <u>19</u> | | <u>[Redacted]</u> | | <u>B</u> | |
| | | | | | | AIS # <u>208921</u> | |

Original - Medical Record Yellow - Transfer Agent

D. DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

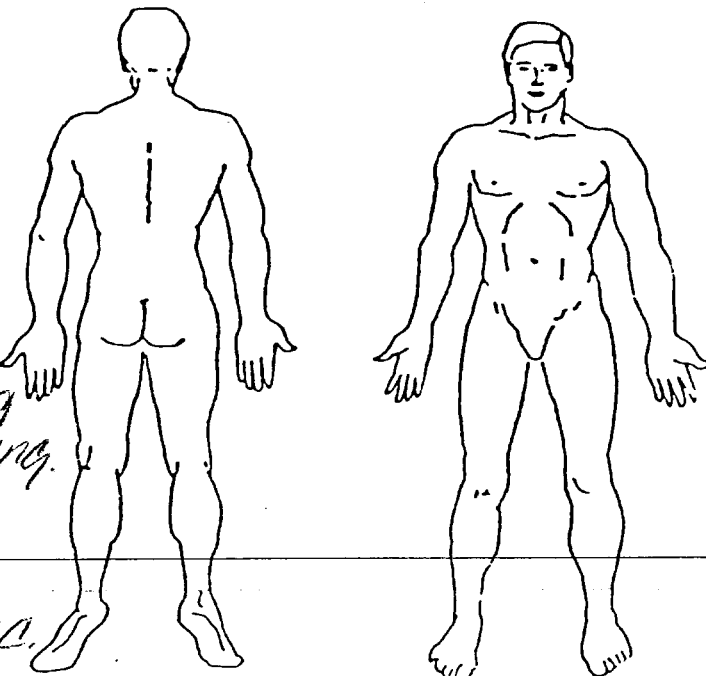
| | | | | | | | |
|--|--|---|--|---|--|---|--|
| DATE 7/15/01 | | TIME 10 ⁴⁰ PM | | FACILITY <u>SCC</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | WT# <u>140</u> | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>99.1</u> | | <u>ORAL</u> RECTAL | | RESP. <u>18</u> | | PULSE <u>84</u> B/F <u>100</u> <u>160</u> | |
| NATURE OF INJURY OR ILLNESS <u>5" Heart fluttering.</u> <u>On ring finger causing numb</u> <u>both legs hurting & numb</u> <u>x2 days</u> | | ABRASION/// | | CONTUSION # | | BURN ^{xx} _{xx} | |
| | | | | | | FRACTURE ^Z _Z | |
| | | | | | | LACERATION/ SUTURES | |
| PHYSICAL EXAMINATION <u>To HCU to CO I Rollins</u> <u>O- Ambulatory to HCU 5</u> <u>distress stated. Resp to</u> <u>ease. Skin warm & dry</u> <u>to touch. Pulse reg. -</u> <u>apical reg & strong</u> <u>Walking hall 5 difficult</u> <u>then when came in started</u> <u>limping. Equal bilateral</u> <u>grip. Old scars noted to legs</u> | |  | | | | | |
| ORDERS, MEDICATION, etc. <u>A. alteration in comfort</u> <u>P. MD to review for poss 4x</u> | | | | | | | |
| DIAGNOSIS | | | | | | | |
| INSTRUCTIONS TO PATIENT <u>RTC pm</u> | | | | | | | |
| RELEASE/TRANSFER DATE <u>7/15/01</u> | | TIME <u>10⁵⁰ AM</u> | | RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>W. D. W. MD</u> | | DATE <u>7/15/01</u> | | PHYSICIAN'S SIGNATURE <u>W. D. W. MD</u> | | DATE <u>7/16/01</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>David P. Costner</u> | | AGE <u>19</u> | | DATE OF BIRTH <u>[REDACTED]</u> | | R/S <u>bn</u> | |
| | | | | | | AIS # <u>208921</u> | |

DEPARTMENT OF CORRECTIONS

EMERGENCY

SHAW
(OTHER)

TREATMENT RECORD

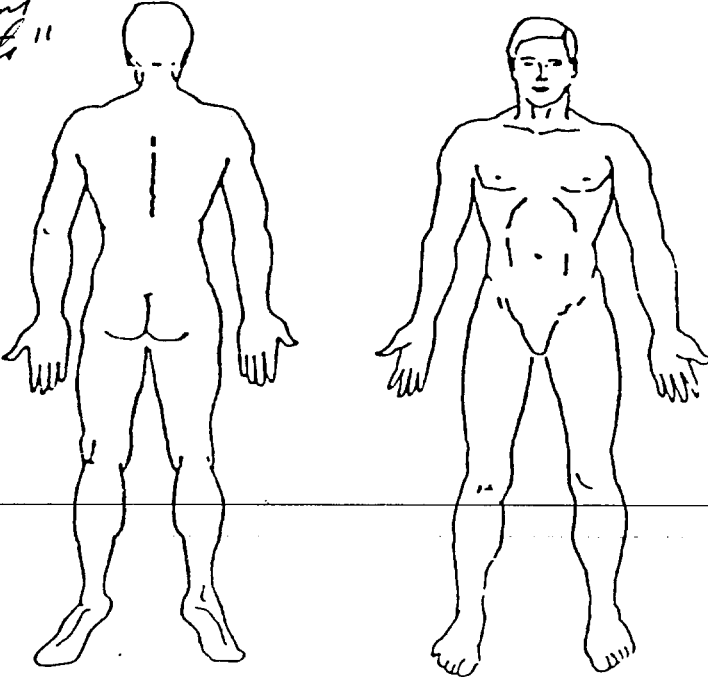
| | | | | |
|---|--------------------------|---|---|------------------------------|
| DATE 7/5/01 | TIME 6:45 AM PM | FACILITY Station | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES NKA | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | |
| VITAL SIGNS: TEMP 98.2 ORAL RECTAL | | RESP. 20 | PULSE 98 | B/P 106/72 |
| NATURE OF INJURY OR ILLNESS S. Count breathe. | | RECHECK IF SYSTOLIC <100 > 50 ABRASION/// CONTUSION # BURN xx xx FRACTURE Z LACERATION/ SUTURES Z | | |
| PHYSICAL EXAMINATION O. Amb to SHAW skin up. to touch resp. ease. Missing about this our job. Laughing. O. SPOD noted O2 stats 98% Peak flow 350. Chronic Unplainer. O. diagnoses O. O. S. K. tagor cap refil 2380. K. H. A. N. | |  | | |
| ORDERS, MEDICATION, etc. A. Iteration in Court D. Return to HCU sick call pen | | | | |
| DIAGNOSIS | | | | |
| INSTRUCTIONS TO PATIENT | | | | |
| RELEASE/TRANSFER DATE 7/05/01 | TIME 6:58 AM PM | RELEASE/TRANSFERRED TO Station | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE M. B. C. | DATE 7/5/01 | PHYSICIAN'S SIGNATURE M. B. C. | DATE 7/5/01 | CONSULTATION |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney | | AGE 19 | DATE OF BIRTH [REDACTED] | R/S BM AIS # 308921 |

DEPARTMENT OF CORRECTIONS
EMERGENCY/ SHCU **TREATMENT RECORD**
 (OTHER)

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| DATE <u>7/5/01</u> | | TIME <u>1:55</u> <u>AM</u> <u>PM</u> | | FACILITY <u>Station</u> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>98.6</u> | | ORAL RECTAL | | RESP. <u>20</u> | | PULSE <u>98</u> B/P <u>100/70</u> | |
| NATURE OF INJURY OR ILLNESS <u>S. Numb Chest pain and dizzy</u> | | | | RECHECK IF SYSTOLIC <u>100</u> > 50 ABRASION/// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^z / _z LACERATION/ SUTURES | | | |
| PHYSICAL EXAMINATION <u>0. Amb to SHCU skin 40 to touch resp c lax. PERLA VIS WNL. WORKS ON farm. Cmp Refel 23 sec good skin turgor. NO distress noted</u> | | | | | | | |
| | | | | | | | |
| <u>A. Intubation in comfort.</u> ORDERS, MEDICATION, etc. | | | | | | | |
| <u>P. 1. 7 po fluids</u> <u>2. Return to sick cell PRN.</u> | | | | | | | |
| DIAGNOSIS | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | |
| RELEASE/TRANSFER DATE <u>07/10/01</u> | | TIME <u>2:03</u> <u>AM</u> <u>PM</u> | | RELEASE/TRANSFERRED TO <u>Station</u> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>[Signature]</u> | | DATE <u>7/6/01</u> | | PHYSICIAN'S SIGNATURE <u>[Signature]</u> | | DATE <u>7/6/01</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Bond, Courtney</u> | | | | AGE <u>19</u> | | DATE OF BIRTH <u>[Redacted]</u> | |
| | | | | R/S <u>Bm</u> | | AIS # <u>208921</u> | |

DEPARTMENT OF CORRECTION

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | |
|--|------------------------|---|---|-------------------------------|
| DATE <i>6/16/01</i> | TIME <i>10:45</i> | FACILITY <i>SCC</i> | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <i>NKA</i> | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | |
| VITAL SIGNS: TEMP <i>97.8</i> ORAL RECTAL | | RESP. <i>20</i> | PULSE <i>70</i> | B/P <i>100/66</i> |
| NATURE OF INJURY OR ILLNESS | | RECHECK IF SYSTOLIC <100 >50 ABRASION/// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^Z / _Z LACERATION/ SUTURES | | |
| <p><i>⑤ "Heart vibrating & a sharp pain"</i> <i>@ 11:30 AM - symptoms "came and went all day" - "saw red and green dots"</i> <i>Series inspiratory/expiratory pain or pain on movement -</i> <i>Vague and rambling complaints</i></p> <p><i>Created by officer Jones</i></p> <p>PHYSICAL EXAMINATION</p> <p><i>@ Ambulatory & difficulty - bright affect, smiling when first entered exam room -</i> <i>NDN - Skin w/d - Pulse 70 RRR -</i> <i>Lungs clear - resp & ease - Cap</i> <i>refill < 3 sec - See notes 5/18/01</i> <i>10:55 c/o "heart vibrating" at this time</i> <i>Pulse remain 70 RRR - Resp & ease</i> <i>@ potential alteration in color</i></p> | |  | | |
| ORDERS, MEDICATION, etc. | | | | |
| <i>P M.D. Review</i> | | | | |
| DIAGNOSIS | | | | |
| INSTRUCTIONS TO PATIENT | | | | |
| RELEASE/TRANSFER DATE <i>6/16/01</i> | TIME <i>11:00</i> | RELEASE/TRANSFERRED TO <i>DOC</i> | <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <i>Brucklyn</i> | DATE <i>6/16/01</i> | PHYSICIAN'S SIGNATURE <i>[Signature]</i> | DATE <i>6/26/01</i> | CONSULTATION <i>(1000)</i> |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <i>A. J. C.</i> | | AGE <i>19</i> | DATE OF BIRTH <i>[Redacted]</i> | R/S <i>1/1</i> |
| | | AIS # <i>200421</i> | | |



Department of Corrections

Emergency/_____ Treatment Record

(Other)

| | | | | | | | | |
|---|--|------------------------|--|--|---|------------------------------------|--|------------------|
| Date 5/28/01 | | Time 5:05 | | AM <input checked="" type="checkbox"/> PM | Facility SC <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> Escapee <input type="checkbox"/> | | <input type="checkbox"/> Emergency <input type="checkbox"/> Other | |
| Allergies NKA | | | | | Condition on Admission <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma | | | |
| Vital Signs: Temp 98.0 ^{Oral} Rectal Resp. 16 Pulse 76 B/P 106 / 84 Recheck if Systolic < 100 > 50 | | | | | | | | |
| Nature of Injury or Illness 5'7" I got a sharp pain shooting through my heart and it makes my body flutters hurt & I have migraines | | | | | Abrasions <input type="checkbox"/> Contusion # <input type="checkbox"/> Burn <input checked="" type="checkbox"/> Fracture <input checked="" type="checkbox"/> Laceration/ <input type="checkbox"/> Sutures <input type="checkbox"/> | | | |
| Physical Examination 07. Ambulates to HCU. NAD. WNL. Walks around Exam area laugh & talking with officers & fellow inmates A) Body chart per D.O.C. | | | | | | | | |
| | | | | | | | | |
| Orders, Medication, etc. R) RT C PRN 2) Report to sick. if problem persist | | | | | | | | |
| Diagnosis | | | | | | | | |
| Instructions to Patient | | | | | | | | |
| Release/Transfer Date 5/28/01 | | Time 5:15 | | AM <input checked="" type="checkbox"/> PM | Release/Transfer Date SC <input checked="" type="checkbox"/> Doc <input type="checkbox"/> Ambulance <input type="checkbox"/> | | Condition on Discharge <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Critical | |
| Nurse's Signature J. Dineen | | Date 5/28/01 | | Physician's Signature | | Date | | Consultation |
| Patient's Name (Last, First, Middle) Boyd, Courtney | | | | | Age 19 | Date of Birth [REDACTED] | | R/S Bm |
| | | | | | | | AIS # 208921 | |

Original - Medical Record Yellow - Transfer Agent



Department of Corrections

Emergency/_____ Treatment Record

(Other)

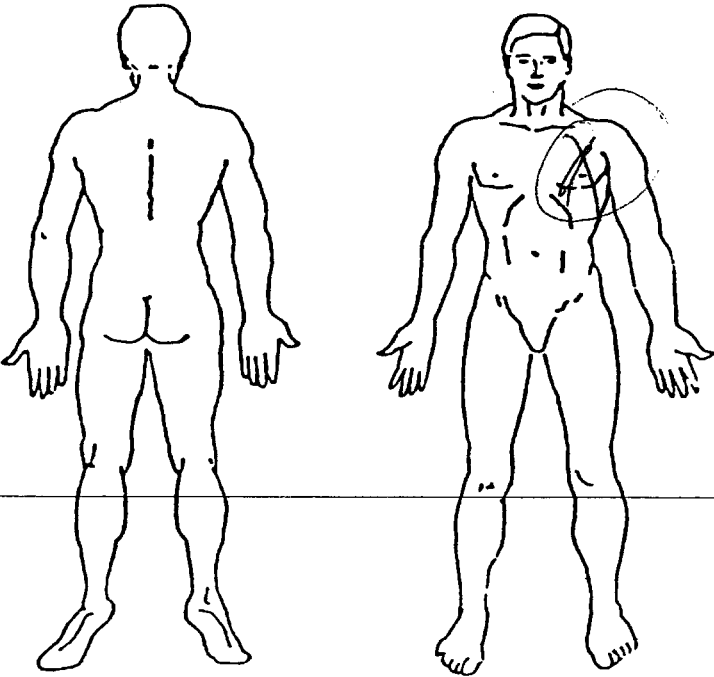
| | | | | | | | |
|---|--|-------------------------------|--|---|--|---|--|
| Date <u>5/24/01</u> | | Time <u>11:45</u> AM PM | | Facility <u>SCC</u> | | <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Other | |
| Allergies <u>NKA</u> | | | | Condition on Admission <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma | | | |
| Vital Signs: | | Temp <u>96</u> | | Resp. <u>18</u> | | Pulse <u>70</u> | |
| | | Oral Rectal | | B/P <u>120 / 62</u> | | Recheck if Systolic < 100 > 50 | |
| Nature of Injury or Illness | | | | Abrasions <u>///</u> Contusion # <u> </u> Burn <u>X</u> Fracture <u>Z</u> Laceration/ <u> </u> Sutures <u> </u> | | | |
| <u>S) My chest, back, legs and everything hurts. I've got a migraine headache which I've had for three days now.</u> | | | | | | | |
| | | | | | | | |
| Physical Examination | | | | | | | |
| <u>O) Brought to SHU by Officer. Shiny, amble & difficult. All at 30 joint X3. 2 skin b/d to touch. No SOB. No swelling or discoloration noted to back. No tenderness noted when palpated. ROM and alignment. No swelling or discoloration noted to legs. No (Notes) upon leaving ER PERRLA</u> | | | | | | | |
| Orders, Medication, etc | | | | | | | |
| <u>PMD to review</u> | | | | | | | |
| Diagnosis | | | | | | | |
| Instructions to Patient | | | | | | | |
| Release/Transfer Date <u>5/24/01</u> | | Time <u>12:00</u> AM PM | | Release/Transfer Date <u>5/25/01</u> | | Condition on Discharge <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Critical | |
| Nurse's Signature <u>[Signature]</u> | | Date <u>5/24/01</u> | | Physician's Signature <u>[Signature]</u> | | Date <u>5/25/01</u> (1900) | |
| Patient's Name (Last, First, Middle) | | Age | | Date of Birth | | R/S | |
| <u>Bryant, Curtis Courtney</u> | | <u>19</u> | | <u>[Redacted]</u> | | <u>B/m</u> | |
| | | | | | | AIS # <u>208921</u> | |



Department of Corrections

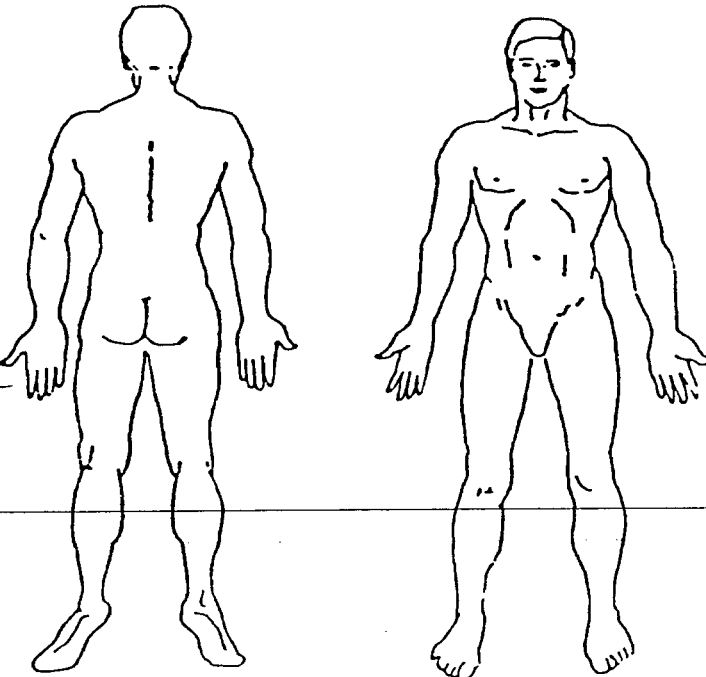
Emergency/_____ Treatment Record

(Other)

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| Date <u>5/29/01</u> | | Time <u>12:55</u> <u>AM</u> | | Facility <u>SCC</u> | | <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Other | |
| Allergies <u>NKA</u> | | <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> Escapee <input type="checkbox"/> | | Condition on Admission <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma | | | |
| Vital Signs: Temp <u>96.7</u> <u>Oral</u> Resp. <u>18</u> Pulse <u>34</u> Reg <u>T6</u> , <u>60</u> | | Recheck if Systolic < 100 > 50 | | | | | |
| Nature of Injury or Illness <u>S) My heart is hurting when I cough my heart hurts more why is that</u> | | Abrasions <u>///</u> Contusion # _____ | | Burn <input checked="" type="checkbox"/> Fracture <u>Z</u> Laceration/ _____ | | Sutures _____ | |
| Physical Examination <u>O) Brought to SHC office, appeared Ample & difficult to alert & Orient x3. Resp at cool. HR reg. Skin warm & dry to touch. See p notes. Laughing & A what is going on & him NADN</u> | |  | | | | | |
| Orders, Medication, etc. <u>P. none</u> | | | | | | | |
| Diagnosis <u>MD to review</u> | | | | | | | |
| Instructions to Patient <u>MD to review</u> | | | | | | | |
| Release/Transfer Date <u>5/29/01</u> Time <u>1:13</u> <u>AM</u> | | Release/Transfer Date _____ Time _____ | | <input checked="" type="radio"/> Doc <input type="radio"/> Ambulance <input type="radio"/> | | Condition on Discharge <input checked="" type="radio"/> Satisfactory <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Critical | |
| Nurse's Signature <u>[Signature]</u> Date <u>5/29/01</u> | | Physician's Signature _____ Date _____ | | Consultation _____ | | | |
| Patient's Name (Last, First, Middle) <u>Doug, Courtney</u> | | Age <u>19</u> | | Date of Birth <u>[Redacted]</u> | | R/S <u>B/M</u> AIS # <u>208921</u> | |

Original - Medical Record Yellow - Transfer Agent

DEPARTMENT OF CORRECTIONS
EMERGENCY/ _____ **TREATMENT RECORD**
 (OTHER)

| | | | | | | |
|--|--|--|--|------------------------------------|---|-------------------------------------|
| DATE <u>6-9-01</u> | | TIME <u>7:10</u> <small>AM</small> <input checked="" type="checkbox"/> <small>PM</small> <input type="checkbox"/> | FACILITY <u>SCC</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>98.4</u> ORAL <u>20</u> RECTAL <u>20</u> | | | PULSE _____ B/P <u>102/72</u> | | RECHECK IF SYSTOLIC _____ < 100 > 50 | |
| NATURE OF INJURY OR ILLNESS <u>I was shaving my face and cut my thumb on the razor</u> | | | ABRASION/// | CONTUSION # | BURN ^{xx} xx | FRACTURE ^Z Z |
| | | | LACERATION/ SUTURES | | | |
| PHYSICAL EXAMINATION <u>O - Ambulated to Hall</u> <u>C - Superficial cut to right thumb & bleeding</u> <u>A - Alteration in comfort</u> | | |  | | | |
| | | | | | | |
| ORDERS, MEDICATION, etc. <u>P-1) Clean & Betadine Bandaid to area</u> | | | | | | |
| DIAGNOSIS | | | | | | |
| INSTRUCTIONS TO PATIENT <u>Keep clean/dry</u> | | | | | | |
| RELEASE/TRANSFER DATE <u>6/19/01</u> | | TIME <u>7:52</u> <small>AM</small> <input checked="" type="checkbox"/> <small>PM</small> <input type="checkbox"/> | RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>Amellea</u> | | DATE <u>6-9-01</u> | PHYSICIAN'S SIGNATURE <u>R. Saylor MD</u> | | DATE <u>6/11/01</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Ronald</u> | | | AGE <u>101</u> | DATE OF BIRTH <u>[REDACTED]</u> | R/S | AIS # <u>208924</u> <u>20892</u> |

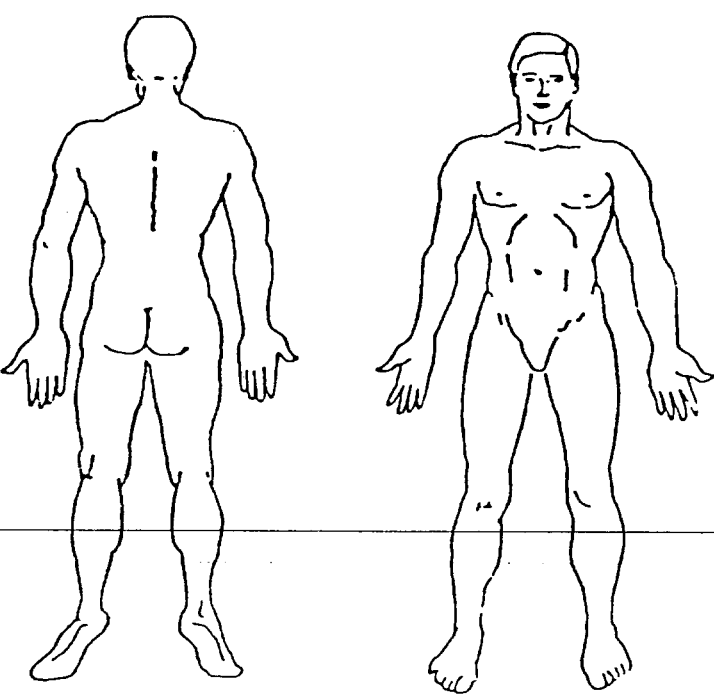
DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | |
|--|--|----------------------------|---|-----------------|---|---|
| DATE <u>5/18/01</u> | | TIME <u>1030</u> <u>AM</u> | FACILITY <u>Station</u> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>99.6</u> <u>ORAL</u> RECTAL _____ | | | RESP. <u>20</u> | PULSE <u>84</u> | B/P <u>100/70</u> | RECHECK IF SYSTOLIC <u>_____</u> <100 > 50 |
| NATURE OF INJURY OR ILLNESS <u>3" My heart been hurting for about 1 hour, my breath hurt too!</u> | | | ABRASION/// | CONTUSION # | BURN <u>xx</u> <u>xx</u> | FRACTURE <u>Z</u> LACERATION/ SUTURES |
| | | | | | | |
| PHYSICAL EXAMINATION <u>O-Amputated to HCL 5 arit exorta</u> <u>per St. Smith, No SOB, No</u> <u>N/V, skin w/d to touch, 90</u> <u>tenderness to L side area,</u> <u>V/S WNL, capillary refill <</u> <u>3 seconds, mucous membranes</u> <u>pink</u> <u>A- Alteration in Comfort</u> | | | | | | |
| ORDERS, MEDICATION, etc. <u>P- Per [unclear] - Eval per M. Bell, CRNP</u> <u>S.C. PRN</u> <u>RTIC PRN</u> | | | | | | |
| DIAGNOSIS | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | |
| RELEASE/TRANSFER DATE <u>5/18/01</u> | | TIME <u>AM</u> | RELEASE/TRANSFERRED TO <u>SCC</u> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>E. Ellis RN</u> | | DATE <u>5/18/01</u> | PHYSICIAN'S SIGNATURE <u>M. Bell CRNP</u> | | DATE OF CONSULTATION <u>5/18/01</u> <u>N/A</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>R 1 A</u> | | | AGE | DATE OF BIRTH | R/S | AIS # |

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | |
|--|--|-----------------------------|--|---|--|---|--|
| DATE <u>5/12/01</u> | | TIME <u>11:17</u> <u>PM</u> | | FACILITY <u>SCC</u> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKAA</u> | | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>90.5</u> <u>ORAL</u> RECTAL | | RESP. <u>18-28</u> | | PULSE <u>70-98</u> B/P <u>120/80</u> | | RECHECK IF SYSTOLIC <u>180</u> <100 >50 | |
| NATURE OF INJURY OR ILLNESS <u>5' My heart is hurting</u> <u>They called this afternoon</u> <u>but told to wait & come</u> <u>later</u> | | | | ABRASION/III | | CONTUSION # | |
| | | | | BURN <u>XX</u> <u>XX</u> | | FRACTURE <u>Z</u> <u>Z</u> | |
| | | | | LACERATION/ | | SUTURES | |
| | | | | | | | |
| PHYSICAL EXAMINATION <u>Brought to HCU on stretcher</u> <u>holding his chest mid area</u> <u>Resp 10 & ↓, pulse 9 & ↓</u> <u>Lungs clear to auscultation</u> <u>patient state was walking &</u> <u>passed out. Hand rolled</u> <u>to forearm & face. Times</u> <u>will breath fast & hold</u> <u>chest then relaxes & breathing</u> | | | |  | | | |
| | | | | | | | |
| ORDERS, MEDICATION, etc. <u>gives order O2 sat 99% Apical rate reg. Skin</u> <u>warm & dry to touch</u> <u>A alteration in comfort</u> <u>P. p.c. to Dr. Taylor give Motrin 800mg now - gave @ 11:45 pm</u> <u>& 800mg po prn X48°</u> <u>23° observation in HCU</u> | | | | | | | |
| DIAGNOSIS | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | |
| RELEASE/TRANSFER DATE <u>5/12/01 11:50</u> <u>AM</u> | | TIME | | RELEASE/TRANSFERRED TO <u>DOC</u> <u>meu</u> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>M. Ward</u> | | DATE <u>5/12/01</u> | | PHYSICIAN'S SIGNATURE <u>Dr. Taylor</u> | | DATE <u>5/12/01 (1300)</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Brandon Harrison</u> | | | | AGE <u>19</u> | | DATE OF BIRTH <u>5/12/81</u> | |
| | | | | R/S <u>BM</u> | | AIS # <u>2.09921</u> | |



Department of Corrections

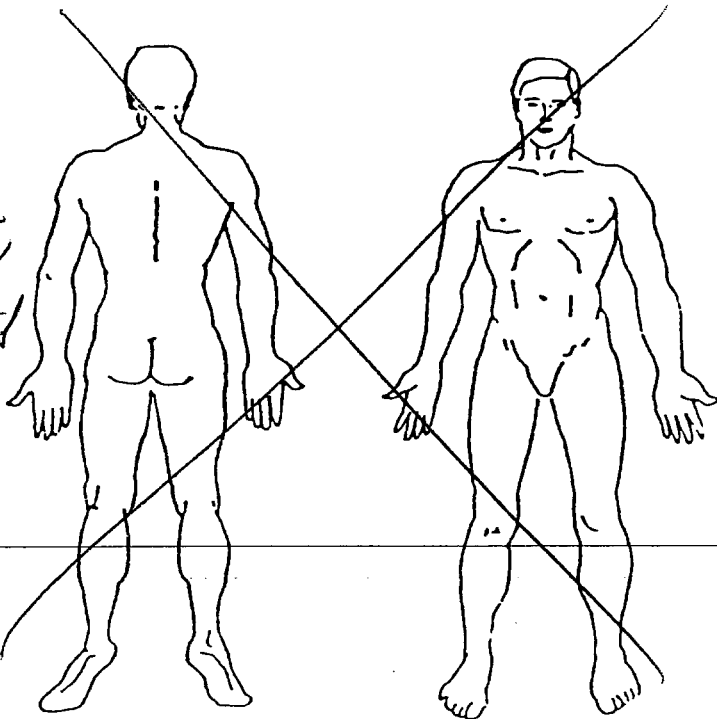
Emergency/ SLC Treatment Record

(Other)

| | | | | | | | | | | | |
|--|--|---|--|---|--|---|--|--|--|--|--|
| Date <u>3/21/01</u> | | Time <u>9:22</u> <u>AM</u> | | Facility <u>DCC</u> | | <input type="checkbox"/> Emergency <input type="checkbox"/> Other | | | | | |
| Allergies <u>NKA</u> | | <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> Escapable <input type="checkbox"/> | | Condition on Admission <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma | | | | | | | |
| Vital Signs: | | Temp <u>Oral</u> <u>Rectal</u> | | Resp. <u>20</u> | | Pulse <u>88</u> <u>wt 142</u> | | | | | |
| | | | | B/P <u>110/160</u> | | Recheck if Systolic < 100 > 50 | | | | | |
| Nature of Injury or Illness | | | | Abrasions <u>///</u> Contusion # <u> </u> Burn <u>X</u> Fracture <u>Z</u> Laceration/ <u> </u> Sutures <u> </u> | | | | | | | |
| <u>S. body chart for Seq placement</u> | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Physical Examination | | | | | | | | | | | |
| <u>NO scratches bruises or abrasions noted on body</u> | | | | | | | | | | | |
| <u>Full ROM.</u> | | | | | | | | | | | |
| <u>A. none</u> | | | | | | | | | | | |
| Orders, Medication, etc. | | | | | | | | | | | |
| <u>P. No R</u> | | | | | | | | | | | |
| Diagnosis | | | | | | | | | | | |
| Instructions to Patient | | | | | | | | | | | |
| <u>None</u> | | | | | | | | | | | |
| Release/Transfer Date <u>03/21/01</u> | | Time <u>9:30</u> <u>AM</u> | | Release/Transfer Date <u>3/21/01</u> | | Condition on Discharge <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Critical | | | | | |
| Nurse's Signature <u>Madeline L</u> | | Date <u>3/21/01</u> | | Physician's Signature <u>Blayn MD</u> | | Date <u>3/21/01</u> <u>(1150)</u> | | | | | |
| Patient's Name (Last, First, Middle) | | Age | | Date of Birth | | R/S AIS # | | | | | |
| <u>Boyd, Courtney</u> | | <u>19</u> | | <u>[REDACTED]</u> | | <u>B/M</u> <u>208921</u> | | | | | |

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| DATE <u>4/5/01</u> | | TIME <u>1:30</u> <u>AM</u> <u>PM</u> | | FACILITY <u>Station</u> | | <input type="checkbox"/> EMERGENCY | |
| | | | | <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>N/A</u> | | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>98.4</u> | | ORAL <u>98.4</u> RECTAL | | RESP. <u>20</u> | | PULSE <u>84</u> B/P <u>120/76</u> | |
| | | | | | | RECHECK IF SYSTOLIC <u>—</u> <100> 50 | |
| NATURE OF INJURY OR ILLNESS <u>5"- Aint hurt no where it fell out over at the camp.</u> | | | | ABRASION/ | | LACERATION/ | |
| | | | | CONTUSION # | | SUTURES | |
| <u>0- Ambulated to HCU & arrest,</u> <u>No injury noted per staton @</u> <u>this time. Body Chart requested</u> PHYSICAL EXAMINATION <u>per D.O.C, pupils equal &</u> <u>reactive @ Bmn,</u> | | | |  | | | |
| | | | | | | | |
| <u>A- Body Chart (Neg)</u> | | | | | | | |
| ORDERS, MEDICATION, etc. <u>P- No tx needed</u> | | | | | | | |
| DIAGNOSIS | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | |
| RELEASE/TRANSFER DATE <u>4/5/01</u> | | TIME <u>3:30</u> <u>AM</u> <u>PM</u> | | RELEASE/TRANSFERRED TO <u>Station</u> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>E. Ellis, RN</u> | | DATE <u>4/5/01</u> | | PHYSICIAN'S SIGNATURE <u>Per staton</u> | | CONSULTATION <u>N/A</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>D A A</u> | | | | AGE <u>21</u> | | DATE OF BIRTH <u>2/1</u> | |
| | | | | R/S <u>21</u> | | AIS # | |

DEPARTMENT OF CORRECTIONS
EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | |
|--|--|---|--|--|--|
| DATE <u>4/28/01</u> TIME <u>8:10</u> <u>AM</u> <u>PM</u> | | FACILITY <u>Station Corr. Cag.</u> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>96.6</u> ORAL RECTAL | | RESP. <u>18</u> | | PULSE <u>76</u> <u>APICAL</u> B/P <u>129/78</u> RECHECK IF SYSTOLIC <u><100</u> > 50 | |
| NATURE OF INJURY OR ILLNESS | | ABRASION/// | | CONTUSION # | |
| <u>⑤ "Pain is going through my heart + I'm seeing colorful dots like green yellow + blue + it coming back up" to nausea @ times</u> | | BURN <u>xx</u> <u>xx</u> | | FRACTURE <u>z</u> | |
| | | LACERATION/ SUTURES | | | |
| PHYSICAL EXAMINATION | | | | | |
| <u>⑥ Alert + oriented x3. Skin w/p to touch + color WNL. Resp even + unlabored and noted SOB or dyspnea. No noted S of 1/1 fast steady. Heart rate + rhythm regular. Lungs clear. Vital signs stable. No noted facial grimacing or S of acute distress. Pt smiling + verbal.</u> | | | | | |
| ORDERS, MEDICATION, etc. | | <u>⑦ Alteration in comfort</u> <u>⑧ Advised to take OTC Tylenol/Adril PRN for pain. Follow up on sick call if S persist or get worse. RTC if 1/1 dyspnea SOB develop. MD to review above complaints for poss tx</u> | | | |
| DIAGNOSIS | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | |
| RELEASE/TRANSFER DATE <u>4/28/01</u> <u>PM</u> | | RELEASE/TRANSFERRED TO <u>DOC</u> <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>J. McMiller</u> <u>4/28/01</u> | | PHYSICIAN'S SIGNATURE | | DATE | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) | | AGE <u>1A</u> | | DATE OF BIRTH <u>[REDACTED]</u> | |
| | | R/S <u>Bm</u> | | AIS # <u>208921</u> | |

| | | | | |
|---|-----|--------------|---|--------------------------------------|
| 3 | Des | Requested By | Patient Status | Rx. Ordered |
| 12/17/02 | | | <input type="radio"/> IP <input type="radio"/> OP | |
| ical Diagnosis Apply warm compress to chin 4 day x 5 days | | | | Date of Onset Date of Surgery |

Two line drawings of a male figure. The left drawing shows the back view, highlighting the trapezius, latissimus dorsi, and gluteal muscles. The right drawing shows the front view, highlighting the pectoralis, abdominal muscles, and quadriceps. Both figures are standing with arms slightly away from the body.

12/8/02 - no show - A King LP
12/9/02 - tx done. K. Loh RN
12-10-02 - tx done. Pained area
② chin decreasing. P. Loh RN
12/11/02 - tx done K. Loh RN
12/12/02 - no show ————

[illegible]

(Last, First, Middle)

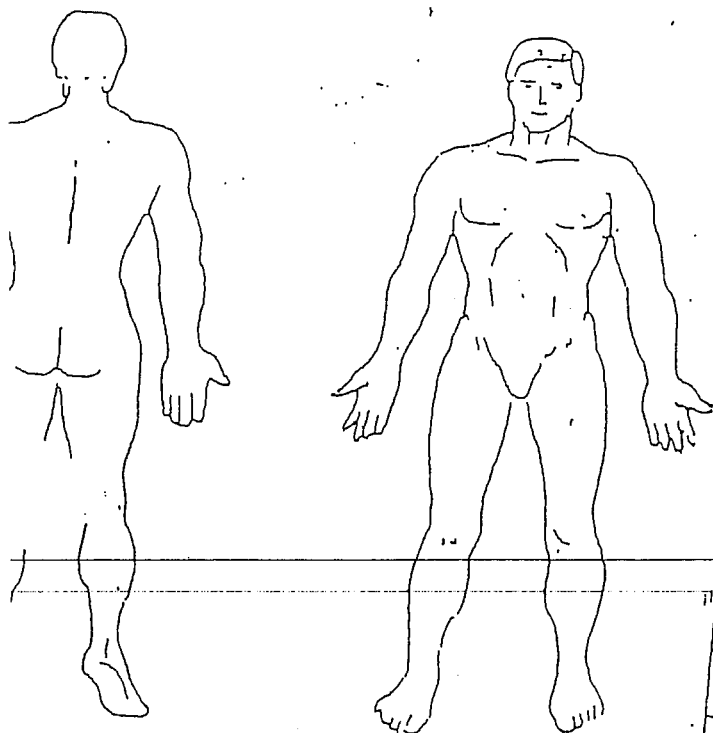
Age

ID No.

Boyd, Courtney
ment Request and Record

١٠

Re ✓ if blood in stool, fever,
↑ pain



12-14-02 - Afebrile, T 96.3, state
Abd pain continues. Hemocult cond
given X & instructions. L. Schan
Hemocult (-) for occult blood. R. von Ro

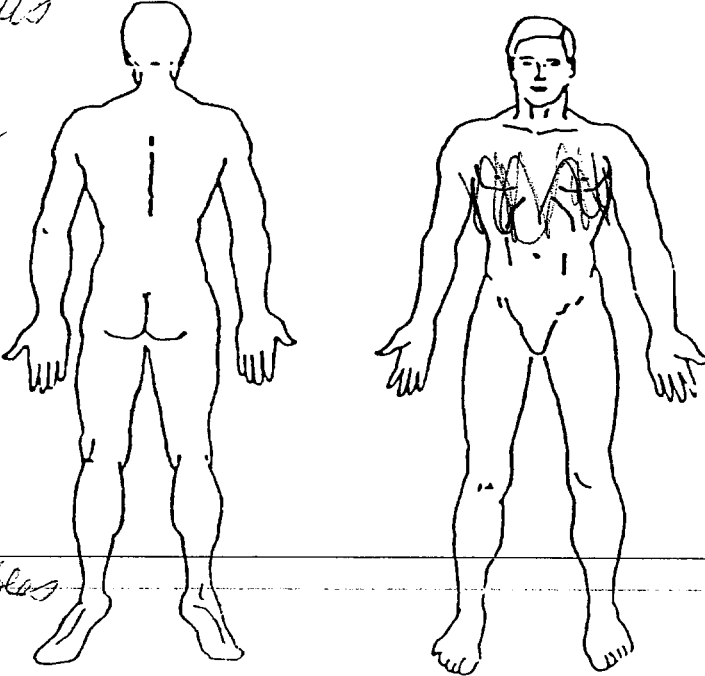
Last, First, Middle)
 Boyd, Courtney
 Request and Record

DEPARTMENT OF CORRECTIONS

EMERGENCY/

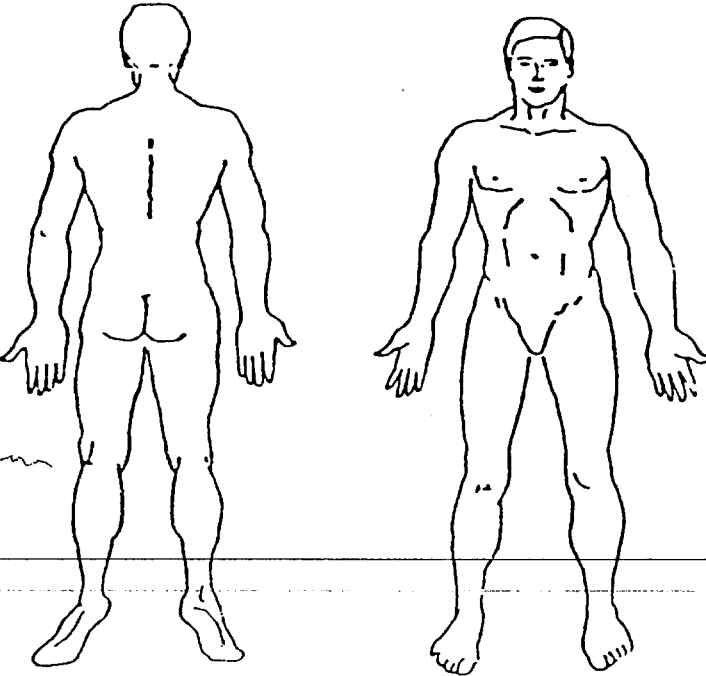
(OTHER)

TREATMENT RECORD

| | | | | |
|---|------------------|---|--|-----------------|
| DATE 12/15/02 3 ³⁵ | TIME AM PM | FACILITY B-106 | <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES N/A | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | |
| VITAL SIGNS: TEMP 97.6 | | ORAL RECTAL RESP. 18 | PULSE 75 | B/P 110/70 |
| NATURE OF INJURY OR ILLNESS | | RECHECK IF SYSTOLIC <100 > 50 | | |
| <p>⑤ "I have constipation"</p> <p>④ Rectal Oriented X3 - Spinal</p> <p>③ Wld to touch - Bowel sounds</p> <p>② All four quadrants - HRRRR</p> <p>① U/S WNL - Lungs clear's</p> <p>Notes on 50% noted -</p> | | ABRASION/// | CONTUSION # | BURN xx xx |
| PHYSICAL EXAMINATION | | FRACTURE Z | LACERATION/ SUTURES | |
| <p>① - Constipation -</p> <p>② MDM 30 cc po 15 x 7 days</p> <p>③ - ↑ H₂O, eat more of vegetables in meals -</p> | |  | | |
| ORDERS, MEDICATION, etc. | | | | |
| DIAGNOSIS | | | | |
| INSTRUCTIONS TO PATIENT | | | | |
| See above (Pt on H Pylori Tx) | | | | |
| RELEASE/TRANSFER DATE 12/15/02 3 ³⁵ | TIME AM PM | RELEASE/TRANSFERRED TO DOC | CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE [Signature] | DATE 12/15/02 | PHYSICIAN'S SIGNATURE [Signature] | DATE | CONSULTATION |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney | | AGE 21 | DATE OF BIRTH [Redacted] | R/S B/M |
| | | | | AIS # 218921 |

DEPARTMENT OF CORRECT NS

EMERGENCY/ (OTHER) TREATMENT RECORD

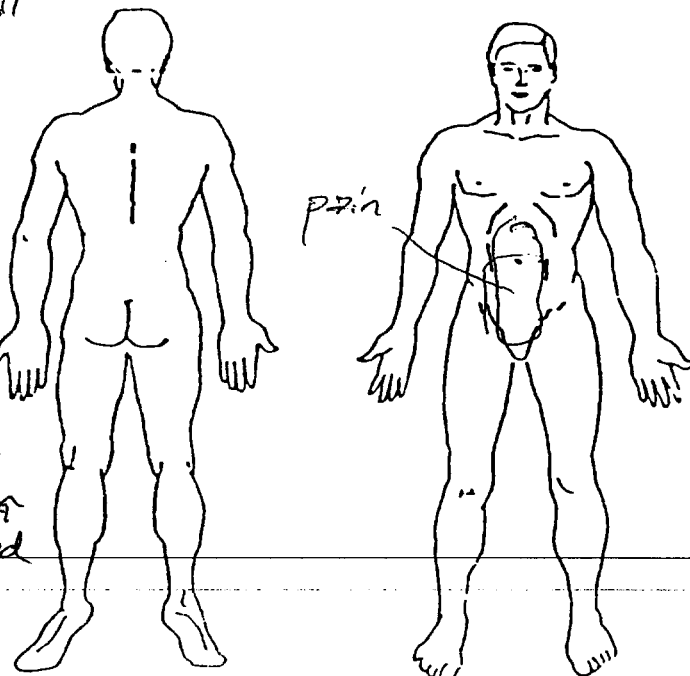
| | | | | |
|--|------------------|---|--|------------------------------------|
| DATE 12-12-02 | TIME AM PM | FACILITY B-100 <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES NKA | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | |
| VITAL SIGNS: TEMP 96.0 ORAL RECTAL RESP. 20 PULSE 78 B/P 130/90 | | RECHECK IF SYSTOLIC <100> 50 | | |
| NATURE OF INJURY OR ILLNESS 02 set 980. S- My Stomach is Hurting + I'm Sick at my Stomach. | | ABRASION/// | CONTUSION # | BURN ^{xx} / _{xx} |
| | | FRACTURE ^Z / _Z | LACERATION/ SUTURES | |
| PHYSICAL EXAMINATION O - Presented to Infirmary Chest & O X 3, Auscultated well. O 2 set 980/10 fildonm Joints to Palpation But not Quite. No Abdominal Tenderness (+) BS test un all Quads. A - Alteration of Confg Related to Abdominal Pain | |  | | |
| ORDERS, MEDICATION, etc. P - Refer to M.D. E. In mat Education Done | | | | |
| DIAGNOSIS | | | | |
| INSTRUCTIONS TO PATIENT Try to Drink Plenty of fluids (Ref on H. pylori Tx) | | | | |
| RELEASE/TRANSFER DATE 12/12 020420 | TIME AM PM | RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE Shamilton | DATE 12/12 | PHYSICIAN'S SIGNATURE Chad CAMP | DATE | CONSULTATION |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd Courtney | | AGE 21 | DATE OF BIRTH [REDACTED] | R/S B/M AIS # 208921 |

DEPARTMENT OF CORRECT. JS

EMERGENCY/

(OTHER)

TREATMENT RECORD

| | | | | |
|---|-----------------------------|---|--|-------------------------------|
| DATE 12-10-02 NKA | TIME 11:45 PM | FACILITY Bibb | <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES NKA | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | |
| VITAL SIGNS: TEMP 97.4 ORAL RECTAL | | RESP. 20 | PULSE 66 | B/P 100/60 |
| NATURE OF INJURY OR ILLNESS ⑤ "My chest be hurting & my heart goes to flatterin' at that next loaf." | | ABRASION/// | CONTUSION # | BURN xx xx |
| | | | | FRACTURE Z Z |
| | | LACERATION/ SUTURES | | |
| PHYSICAL EXAMINATION ① Presented to infirmary. Alert & OX3. Ambulating well. VS are symptomatic. O2 sat 99% Capillary refill < 5 seconds. Abdomen tender to palpation but not acute. No rebound tenderness. ② Alteration in comfort due to S/S of indigestion | |  | | |
| ORDERS, MEDICATION, etc. ③ Refer to MD. ④ Inmate education in to protocol given | | | | |
| DIAGNOSIS | | | | |
| INSTRUCTIONS TO PATIENT Pt on H. pylori Tx | | | | |
| RELEASE/TRANSFER DATE 12-10-02 | TIME 12:45 AM | RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE TruMi Bingham | DATE 12-10-02 | PHYSICIAN'S SIGNATURE Chad Talbano | DATE 12/1/02 | CONSULTATION |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney | | AGE 21 | DATE OF BIRTH [REDACTED] | R/S B/M AIS # 208921 |

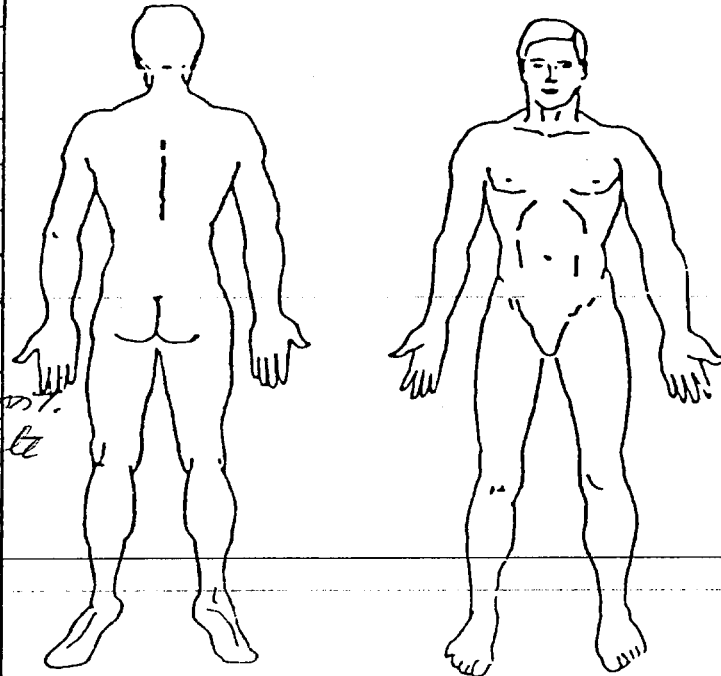
DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | |
|---|------------------|---|---|----------------------------|
| DATE 12-7-02 | TIME 1050 AM | FACILITY B-66 | <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES NKA | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | |
| VITAL SIGNS: TEMP 98.4 | | ORAL RECTAL | RESP. 20 | PULSE 96 B/P 100/170 |
| NATURE OF INJURY OR ILLNESS | | RECHECK IF SYSTOLIC <100 > 50 ABRASION/// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION/ SUTURES | | |
| S: "Spider bite" I tried to apply a warm compress I got real dizzy. O: ALERT + oriented x3. Skin w/d to touch. Resp even & non labored. Red area noted on (R) side of chin & some edema and slightly warm to touch. P: Applied warm compress gave relief soon & to b.p. Motion becoming more pain. E: Instructed him to apply warm compress three times a day. And do not pick @ | | | | |
| ORDERS, MEDICATION, etc. used. will refer jacket to M.D. | | | | |
| DIAGNOSIS Spider Bite | | | | |
| INSTRUCTIONS TO PATIENT | | | | |
| RELEASE/TRANSFER DATE 12/7/02 | TIME 11:05 AM | RELEASE/TRANSFERRED TO DOC | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE J. Prince | DATE 12/7/02 | PHYSICIAN'S SIGNATURE J. O. Lys | DATE 12/7/02 | CONSULTATION |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney | | AGE 20 | DATE OF BIRTH [REDACTED] | R/S B/M AIS # 268921 |

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | | | | | |
|---|-------------|------------------|---|-----------------------------|---|-----------------|-------------|-------------|---------------|-----------------|------------------------|
| DATE 11-25-02 8:20 | | TIME AM PM | FACILITY Bibb | | <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | | | | | | |
| ALLERGIES NKA wt. 145.5 82 Aet 95% | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | | | | | |
| VITAL SIGNS: TEMP 97.2 ORAL RECTAL RESP. 18 | | | PULSE 76 | | B/P 123/70 RECHECK IF SYSTOLIC < 100 > 50 | | | | | | |
| NATURE OF INJURY OR ILLNESS S: my whole body is cold, & bone is aching & feeling numb I was vomiting last night O: ALERT + ORIENTED X 3 skin w/d to touch Adequate turgor + color Capillary refill < seconds. Resp clear & unlabored @ 18 bpm Heart rate is normal S1 + S2. | | | <table border="1"> <tr> <td>ABRASION///</td> <td>CONTUSION #</td> <td>BURN xx xx</td> <td>FRACTURE Z Z</td> <td>LACERATION/ SUTURES</td> </tr> </table> | | | | ABRASION/// | CONTUSION # | BURN xx xx | FRACTURE Z Z | LACERATION/ SUTURES |
| ABRASION/// | CONTUSION # | BURN xx xx | FRACTURE Z Z | LACERATION/ SUTURES | | | | | | | |
| PHYSICAL EXAMINATION Abdomen soft & nondistended E active bowel sounds x 4 quadrants. After PERAL V/S WNL. Appetite is fair. Gait is steady & limping. no clb H/A, dizziness or N/V on this visit A: Attraction in comfort P: will refer jacket to RD for these complaint noise. | | |  | | | | | | | | |
| ORDERS, MEDICATION, etc. E. Instructed him to WEAR WARM clothes for Aching Does RTU to infirmary if he have any more Complaint. | | | | | | | | | | | |
| DIAGNOSIS | | | | | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | | | | | |
| RELEASE/TRANSFER DATE 11 / 25 102 830 | | TIME AM PM | RELEASE/TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | | | | | | |
| NURSE'S SIGNATURE Sprince | | DATE 11/25/02 | PHYSICIAN'S SIGNATURE [Signature] | | DATE 11/26/02 CONSULTATION | | | | | | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney | | | AGE 20 | DATE OF BIRTH [Redacted] | R/S B/m | AIS # 208921 | | | | | |

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Straton
INSTITUTION

Boyd, Courtney 208721 Bm
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____
(date)

_____ due to _____
(date)

Instructions:

Report to pill call
meds 3x a day for
14 days + 2x day
for 30 days

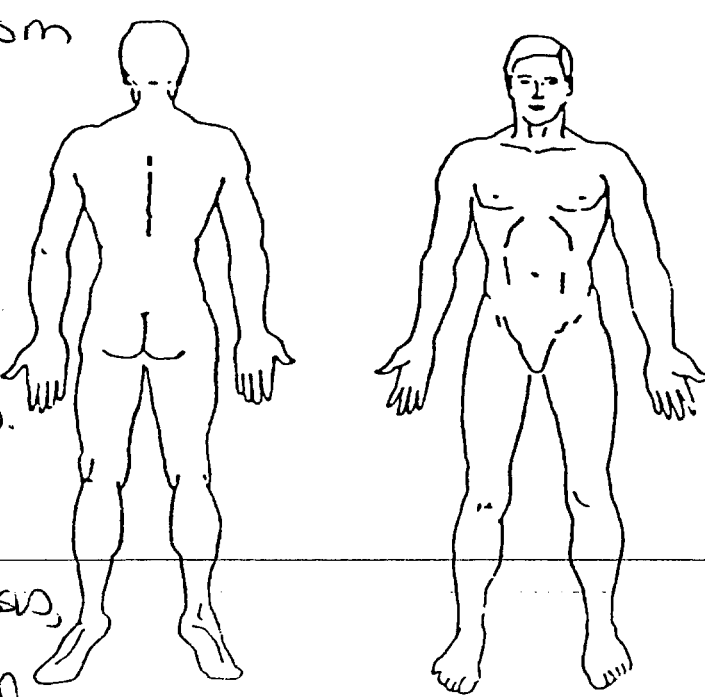
Failure to follow the directions above may result in a disciplinary.

1/29/02
Date Issued

Dr. Taylor
Signature

M Ward

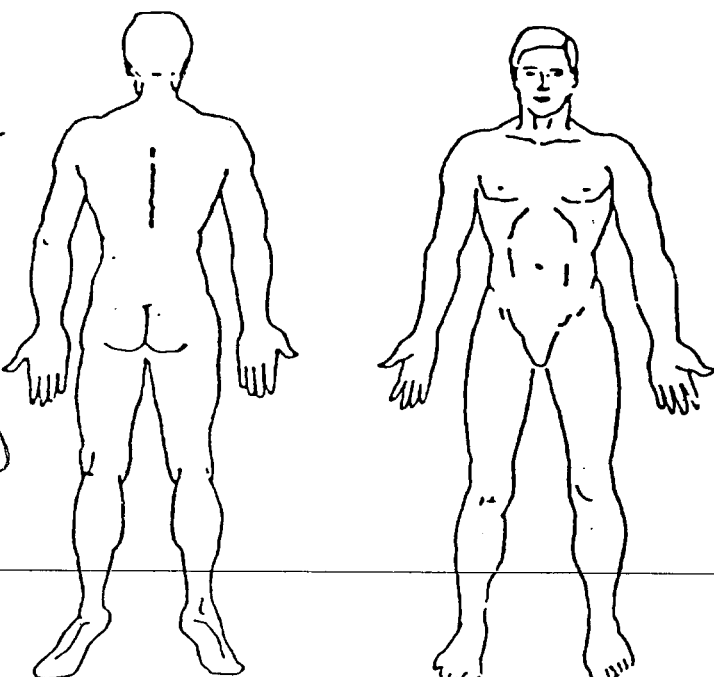
DEPARTMENT OF CORRECTIONS
EMERGENCY/ (OTHER) **TREATMENT RECORD**

| | | | | | |
|--|--|---|-----------------|--|-------------------------------|
| DATE 10/31/02 TIME 818 <input checked="" type="radio"/> AM <input type="radio"/> PM | | FACILITY _____ <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> _____ | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES NKA | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP 97.3 <input checked="" type="radio"/> ORAL <input type="radio"/> RECTAL | | RESP. 14 | PULSE 66 | B/P 108/82 | RECHECK IF SYSTOLIC <100 > 50 |
| NATURE OF INJURY OR ILLNESS | | ABRASION/// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^Z / _Z LACERATION/ SUTURES | | | |
| <p>(S) I've been having sharp pains shooting up from my toes to my chest on my (L) side all night. I have a murmur. I need a heart monitor. All of this is in my juvenile records. I'm also getting chills.</p> | |  | | | |
| | | | | | |
| PHYSICAL EXAMINATION | | | | | |
| <p>(O) Alert, oriented x3. Resp. even & unlabored. Skin w/d to touch. S & S heard. Lungs clear bilaterally to sounds of auscultation. (D) diaphanous, nausea or vomiting noted. Bowel sounds present in all 4 quadrants. Abdomen soft.</p> | | | | | |
| ORDERS, MEDICATION, etc. | | <p>non-tended. Cap. refill < 3 sec. Color wNL. (S) SOB noted. Able to move extremities w/ difficulty. Equal bilateral strength noted. Pedal pulses palpable. (S) s/s of acute distress noted.</p> | | | |
| <p>(A) Alteration in comfort (P) monitor for electro s/s of heart attack (E) Advise on s/s to report to Hx</p> | | | | | |
| DIAGNOSIS | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | |
| RELEASE/TRANSFER DATE 10/31/02 | | TIME 858 <input checked="" type="radio"/> AM <input type="radio"/> PM | | RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input checked="" type="checkbox"/> POP | |
| | | | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE M. Brooks | | DATE | | PHYSICIAN'S SIGNATURE [Signature] | |
| | | | | DATE 10/31/02 | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) | | AGE | | DATE OF BIRTH | |
| Boyd Courtney | | 20 | | [Redacted] | |
| | | R/S | | AIS # | |
| | | B/m | | 208921 | |

DEPARTMENT OF CORRECTIONS

EMERGENCY/ SHAY TREATMENT RECORD

(OTHER)

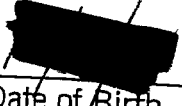
| | | | | | | |
|---|--|---------------------------|---|-----------------|---|--|
| DATE <u>5/31/02</u> | | TIME <u>8:00</u> AM PM | FACILITY <u>Station</u> | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>97.4</u> | | ORAL RECTAL | RESP. <u>18</u> | PULSE <u>84</u> | B/P <u>108/76</u> | RECHECK IF SYSTOLIC <u> </u> < 100 > 50 |
| NATURE OF INJURY OR ILLNESS <u>5" - "My heart is hurting"</u> <u>me"</u> <u>0 - No nausea noted.</u> <u>Still has sharp type chest</u> <u>pain. States pain woke</u> <u>him from sleep.</u> | | | ABRASION/// <input type="checkbox"/> CONTUSION # <input type="checkbox"/> BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | | FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LACERATION/ <input type="checkbox"/> SUTURES <input type="checkbox"/> | |
| | | |  | | | |
| PHYSICAL EXAMINATION <u>A - Chest Pain</u> <u>P (1) 800mg morphine p.o. now</u> <u>(2) Return to SCC with</u> <u>Officer</u> | | | | | | |
| ORDERS, MEDICATION, etc. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| DIAGNOSIS <u>Chest Pain</u> | | | | | | |
| INSTRUCTIONS TO PATIENT <u>RIC as needed</u> | | | | | | |
| RELEASE/TRANSFER DATE <u>5/31/02</u> | | TIME <u>8:00</u> AM PM | RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>B Kernell</u> | | DATE | PHYSICIAN'S SIGNATURE | | DATE | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd, Courtney</u> | | AGE <u>20</u> | DATE OF BIRTH <u>[REDACTED]</u> | | R/S <u>B/m</u> | AIS # <u>208921</u> |

NaphCare

Release of Responsibility

Boyd Courtney
Name of Inmate

4/30/02
Date

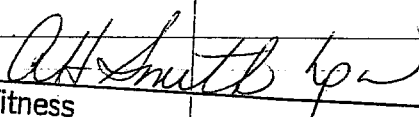
208921 
Inmate ID Number/Date of Birth

I hereby refuse to accept the following treatment / recommendations:

Sick Call

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.


Inmate Signature


Witness

4/30/02 1135p
Date / Time

The aforementioned inmate has refused the listed medical treatment(s)/recommendation(s) and has refused to sign this form.

Witness

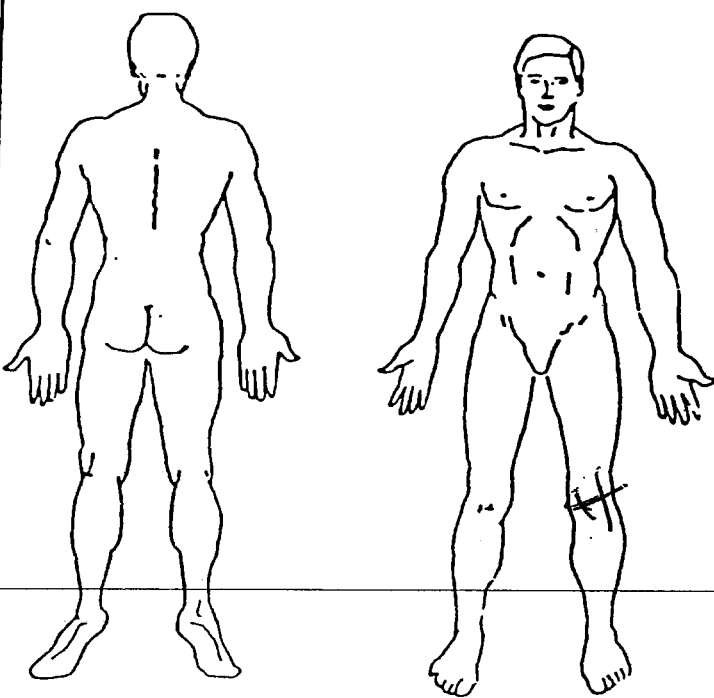
Date / Time

Witness

Release of Responsibility

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | | |
|--|-------------|------------------------------------|--------------------------------------|---|--|---|--|---------------------------------|
| DATE 4/28/02 | | TIME 7:50 AM | | FACILITY <u>Station</u> | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | | |
| ALLERGIES <u>NKA</u> | | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | |
| VITAL SIGNS: TEMP <u>99.2</u> | | ORAL RECTAL | | RESP. <u>16</u> | | PULSE <u>80</u> B/P <u>110/80</u> | | |
| NATURE OF INJURY OR ILLNESS <u>Sd "I hurt my knee playing basketball soft ball"</u> | | | | RECHECK IF SYSTOLIC <u><100 > 50</u> | | | | |
| | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>ABRASION///</td> <td>CONTUSION #</td> <td>BURN ^{xx}/_{xx}</td> <td>FRACTURE ^Z/_Z</td> <td>LACERATION/ SUTURES</td> </tr> </table> | | | | ABRASION/// |
| ABRASION/// | CONTUSION # | BURN ^{xx} / _{xx} | FRACTURE ^Z / _Z | LACERATION/ SUTURES | | | | |
| PHYSICAL EXAMINATION <u>at Amb to HCU is slight limp No swelling note OK good ROM to gress.</u> | | | |  | | | | |
| | | | | | | | | <u>A) Alteration in comfort</u> |
| ORDERS, MEDICATION, etc. | | | | | | | | |
| <u>P) RTU PRN</u> <u>3) MD. to review</u> | | | | | | | | |
| DIAGNOSIS | | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | | |
| RELEASE/TRANSFER DATE <u>4/28/02</u> | | TIME <u>7:55 PM</u> | | RELEASE/TRANSFERRED TO <u>Station</u> | | <input type="checkbox"/> DOC <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/> | | |
| NURSE'S SIGNATURE <u>[Signature]</u> | | DATE <u>4/28/02</u> | | PHYSICIAN'S SIGNATURE <u>[Signature]</u> | | DATE <u>4.28.02</u> | | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd, Courtney</u> | | | | AGE <u>20</u> | | DATE OF BIRTH <u>[Redacted]</u> | | |
| | | | | R/S <u>Bm</u> | | AIS # <u>208921</u> | | |

EMERGENCY,

(OTHER)

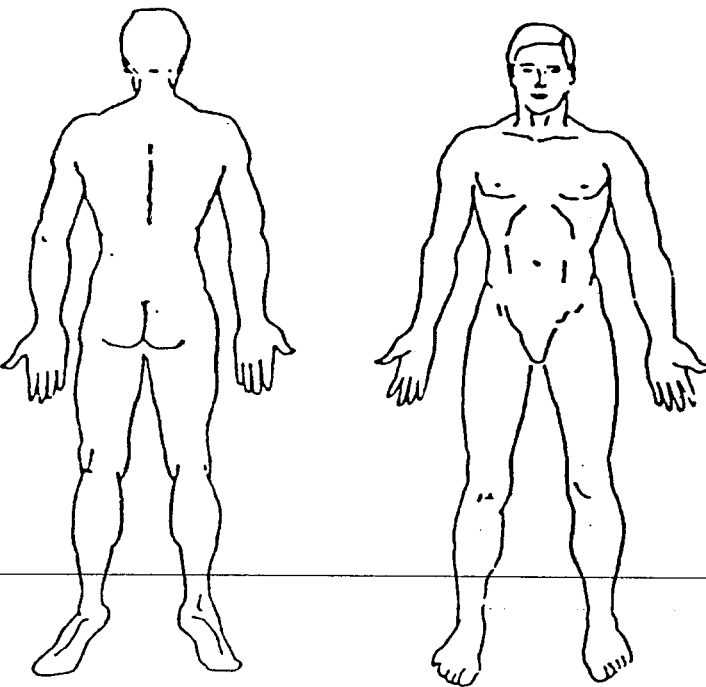
TREATMENT RECORD

NC 041

ORIGINAL MEDICAL RECORD, YELLOW - TRANSFER AGENT

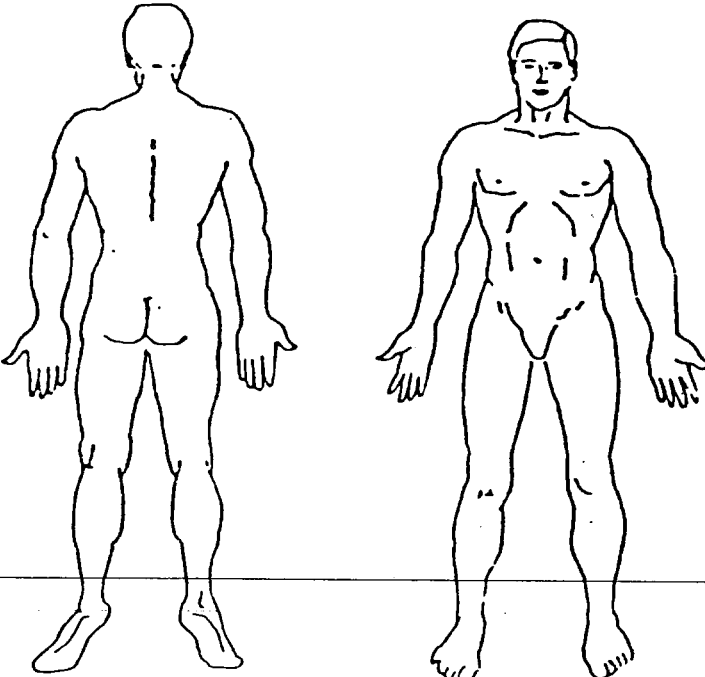
DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | |
|--|--|--|---------------|--|--|
| DATE <u>4/5/02</u> TIME <u>240</u> <small>AM PM</small> | | FACILITY <u>500</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>98.1</u> <small>ORAL</small> <u>20</u> <small>RECTAL</small> | | PULSE <u>68</u> B/P <u>90/68</u> | | RECHECK IF SYSTOLIC <u>100</u> > 50 | |
| NATURE OF INJURY OR ILLNESS <u>S - Sharp pains shooting up my leg</u> | | ABRASION/// | | CONTUSION # | BURN <small>xx</small> <small>xx</small> |
| | | FRACTURE <small>Z</small> | | LACERATION/ <small>Z</small> | SUTURES |
| PHYSICAL EXAMINATION <u>O - Ambulatory & acute distress noted</u> <u>A - Bodychart</u> | |  | | | |
| | | | | | |
| ORDERS, MEDICATION, etc. <u>P - Return to Doc offices</u> | | | | | |
| DIAGNOSIS | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | |
| RELEASE/TRANSFER DATE <u>4/16/02</u> TIME <u>102</u> <small>AM PM</small> | | RELEASE/TRANSFERRED TO <u>DOC</u> <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>[Signature]</u> DATE <u>4/5/02</u> | | PHYSICIAN'S SIGNATURE <u>[Signature]</u> DATE <u>4-6-02</u> | | CONSULTATION <u>9830</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Serge Courtney</u> | | AGE | DATE OF BIRTH | R/S | AMS # <u>208921</u> |

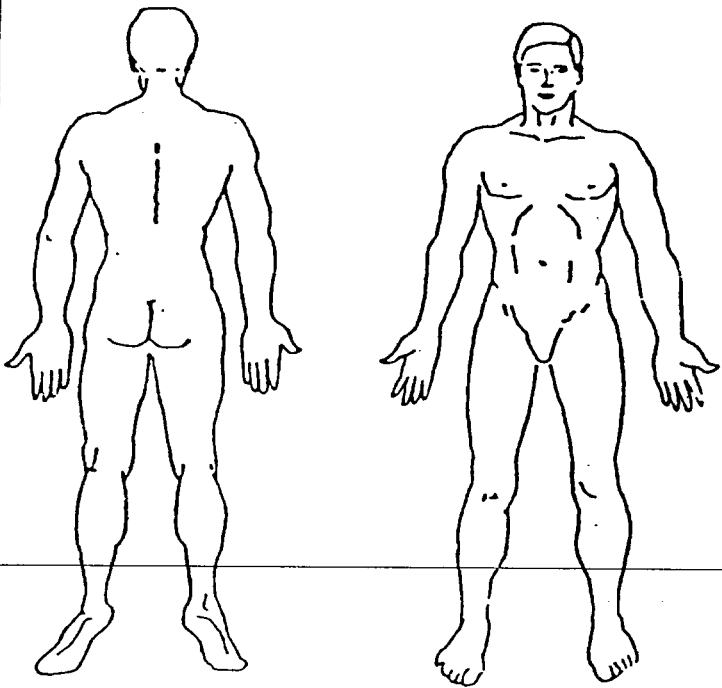
DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| DATE 2/8/02 | | TIME 7:45 AM PM | | FACILITY SCC <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES NKDA | | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP 99.1 ORAL RECTAL RESP. 28 | | | | PULSE 72 B/P 96 172 | | RECHECK IF SYSTOLIC <100> 50 | |
| NATURE OF INJURY OR ILLNESS S-I "I have problem e that pill you gave me. I'm having problem e my urine." | | | | ABRASION/// | | CONTUSION # | |
| | | | | BURN ^{xx} / _{xx} | | FRACTURE ^Z / _Z | |
| | | | | LACERATION/ | | SUTURES | |
| | | | | | | | |
| PHYSICAL EXAMINATION at Amb. 5 diff. resp e base skin warm & dry to touch UA dipstick normal | | | |  | | | |
| | | | | | | | |
| A) Alteration in comfort | | | | | | | |
| | | | | | | | |
| ORDERS, MEDICATION, etc. | | | | | | | |
| A) A.D. to Review | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| DIAGNOSIS | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | |
| RELEASE/TRANSFER DATE 2/8/02 | | TIME 8:45 AM PM | | RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE [Signature] | | DATE 2/8/02 | | PHYSICIAN'S SIGNATURE [Signature] | | DATE 2/11/02 | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney | | | | AGE 20 | | DATE OF BIRTH [Redacted] | |
| | | | | R/S BM | | AIS # 218921 | |

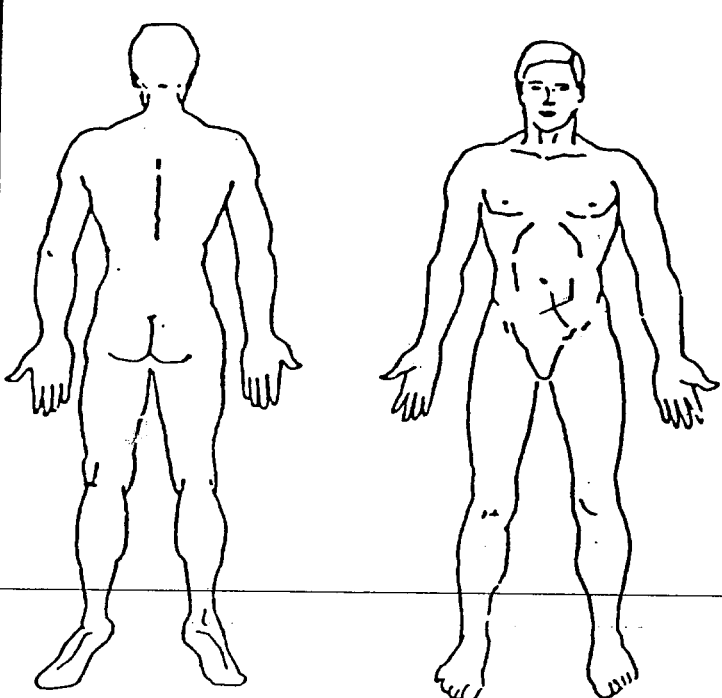
DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | |
|--|--|---------------------------------------|--|---|--|---|--|
| DATE <u>12/20/01</u> | | TIME <u>12:46</u> <u>AM</u> <u>PM</u> | | FACILITY <u>State</u> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>95.6</u> | | ORAL RECTAL | | RESP. <u>20</u> | | PULSE <u>72</u> B/P <u>110/62</u> RECHECK IF SYSTOLIC <100 > 50 | |
| NATURE OF INJURY OR ILLNESS <u>3- "My chest hurts"</u> <u>0- Ambulatory to HCL skin</u> <u>warm et. dry deep unlabored</u> <u>heart, RLL lung clear & N/V</u> <u>Radiating pain</u> | | | | ABRASION// | | | |
| | | | | CONTUSION # | | | |
| PHYSICAL EXAMINATION <u>A- Alteration in comfort</u> <u>P- MD to Review</u> | | | | BURN <u>xx</u> <u>xx</u> | | FRACTURE <u>Z</u> <u>Z</u> | |
| | | | | LACERATION/ SUTURES | | | |
|  | | | | | | | |
| ORDERS, MEDICATION, etc. | | | | | | | |
| DIAGNOSIS | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | |
| RELEASE/TRANSFER DATE <u>12/20/01 10:12</u> | | TIME <u>50</u> <u>AM</u> <u>PM</u> | | RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>AH Smith RN</u> | | DATE <u>12/20/01</u> | | PHYSICIAN'S SIGNATURE <u>[Signature]</u> | | DATE <u>12/20/01</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd Courtney</u> | | AGE <u>20</u> | | DATE OF BIRTH <u>[Redacted]</u> | | B/S <u>1030</u> | |
| | | | | | | AIS # <u>202183</u> | |

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | | | |
|---|-------------|-------------------------------------|---------------------------------------|--|--|---|--|------------|
| DATE 3/16/02 | | TIME 5:00 AM | | FACILITY <u>Station</u> | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | | |
| ALLERGIES <u>NKA</u> | | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | |
| VITAL SIGNS: TEMP <u>98.5</u> | | ORAL RECTAL | | RESP. <u>18</u> | | PULSE <u>76</u> B/P <u>120/80</u> | | |
| NATURE OF INJURY OR ILLNESS <u>s) "I got a spider bite or something about a week ago"</u> | | | | RECHECK IF SYSTOLIC <u> </u> DIASTOLIC <u><100> 50</u> | | | | |
| | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>ABRASION//</td> <td>CONTUSION #</td> <td>BURN ^{xx} _{xx}</td> <td>FRACTURE ^Z _Z</td> <td>LACERATION/ SUTURES</td> </tr> </table> | | | | ABRASION// |
| ABRASION// | CONTUSION # | BURN ^{xx} _{xx} | FRACTURE ^Z _Z | LACERATION/ SUTURES | | | | |
| PHYSICAL EXAMINATION <u>a) 1 very minute bump noted to lower abd. no drainage noted bump is in a hairy area near naval.</u> <u>A) Alteration in comfort</u> | | | |  | | | | |
| | | | | | | | | |
| ORDERS, MEDICATION, etc. <u>a) RTC PRN</u> | | | | | | | | |
| DIAGNOSIS | | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | | |
| RELEASE/TRANSFER DATE <u>3/16/02</u> | | TIME <u>5:30 PM</u> | | RELEASE/TRANSFERRED TO <u>Station</u> | | <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> FAIR | | |
| NURSE'S SIGNATURE <u>[Signature]</u> | | DATE <u>3/16/02</u> | | PHYSICIAN'S SIGNATURE <u>[Signature]</u> | | DATE <u>3/16/02</u> | | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd, Courtney</u> | | AGE <u>20</u> | | DATE OF BIRTH <u>[Redacted]</u> | | R/S <u>Bm</u> | | |
| | | | | | | AIS # <u>208921</u> <u>217580</u> | | |

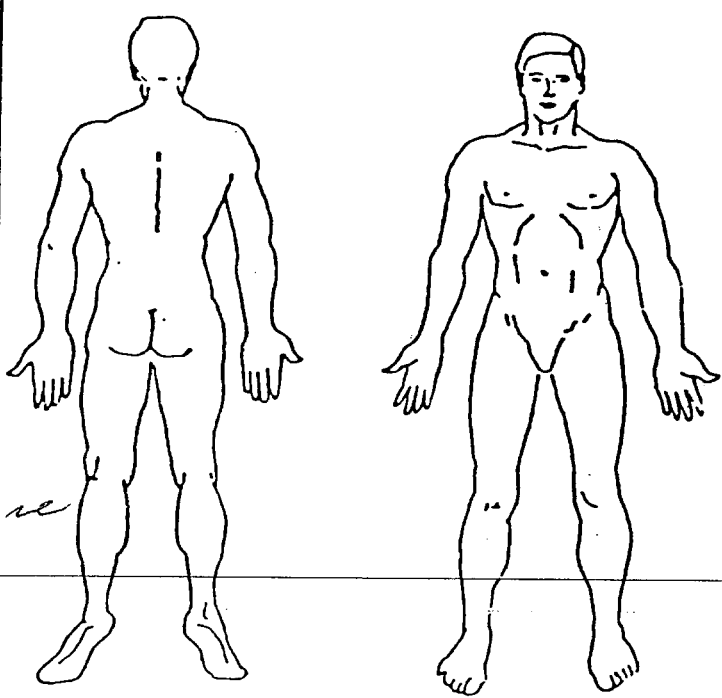
DEPARTMENT OF CORRECTIONS
EMERGENCY/ SHCU TREATMENT RECORD
 (OTHER)

| | | | | | | | |
|---|--|---|--|--|---|--|------------------------|
| DATE <u>3-13-02</u> | | TIME <u>7:15</u> ^{AM} PM | FACILITY <u>SCC</u> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | | |
| ALLERGIES <u>NKA</u> | | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | |
| VITAL SIGNS: TEMP <u>99.3</u> | | ORAL <u> </u> | RECTAL <u> </u> | RESP. <u>20</u> | PULSE <u>80</u> ^{regular} | RECHECK IF SYSTOLIC <u>98/150</u> <input type="checkbox"/> <100 <input type="checkbox"/> >50 | |
| NATURE OF INJURY OR ILLNESS <u>Pain coming from my left leg & shooting down my left arm -</u> | | | ABRASION/// | CONTUSION # | BURN ^{xx} _{xx} | FRACTURE ^Z _Z | LACERATION/ SUTURES |
| | | | <div style="display: flex; justify-content: space-around; align-items: center;"> </div> | | | | |
| PHYSICAL EXAMINATION <u>2 Ambulates Well - No Signs of distress - speaks normally - Resp - even & ease -</u> | | | | | | | |
| <u>4. C/o pain</u> | | | | | | | |
| ORDERS, MEDICATION, etc. <u>2. No tx needed</u> | | | | | | | |
| DIAGNOSIS | | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | | |
| RELEASE/TRANSFER DATE <u>3 113 102 7:20</u> ^{AM} PM | | RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> <u> </u> | | CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | | | |
| NURSE'S SIGNATURE <u>R. Murphy</u> | | DATE <u>3/13/02</u> | PHYSICIAN'S SIGNATURE <u>B. J. [Signature]</u> | | DATE <u>3/14/02</u> (1100) | | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd Courtney</u> | | | AGE <u>20</u> | DATE OF BIRTH <u>[Redacted]</u> | R/S <u>B</u> | AMS # <u>217580</u> | |

DEPARTMENT OF CORRECTIONS

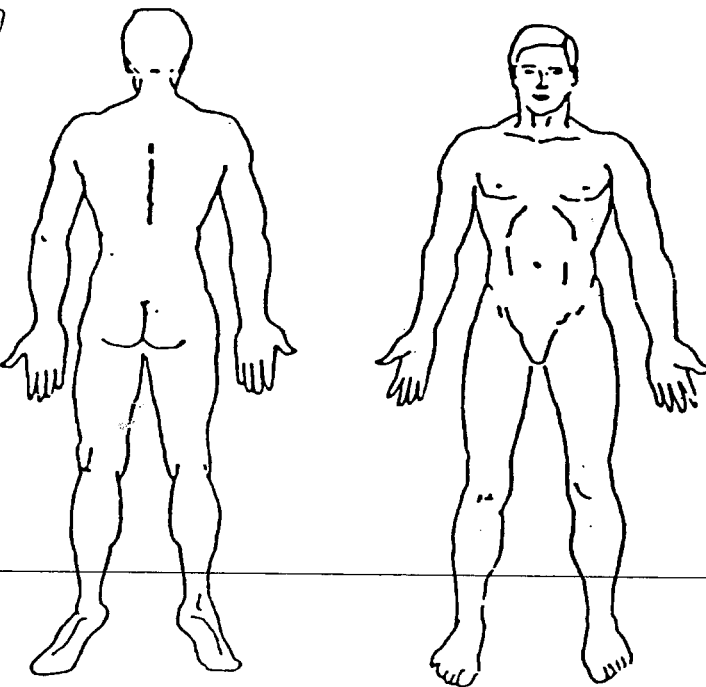
EMERGENCY/ SHOCK TREATMENT RECORD

(OTHER)

| | | | | | |
|--|------------------------|---|------------------------------------|---|---|
| DATE <u>3-12-02</u> TIME <u>1:35</u> AM PM | | FACILITY <u>Station</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER | |
| ALLERGIES <u>NKOA</u> | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>97.1</u> ORAL RECTAL RESP. <u>20</u> PULSE <u>80</u> B/P <u>100/60</u> | | RECHECK IF SYSTOLIC <u>100</u> > 50 | | | |
| NATURE OF INJURY OR ILLNESS <u>S: C/o sharp pain started in (L) foot radiating up to (L) knee, (L) chest + down (L) arm, started ~ 5-10 min ago, denies NV dyspnea, reports heart problem (?)</u> | | ABRASION/// | | CONTUSION # | BURN xx xx |
| | | FRACTURE Z Z | | LACERATION/ SUTURES | |
| PHYSICAL EXAMINATION <u>D: Grasp equal skin warm + dry BBS in clw Heart sounds S, S, S @ base RRR</u> <u>A: (L) sided pain? etiology</u> | |  | | | |
| | | | | | |
| ORDERS, MEDICATION, etc. <u>P: Obtain records See order sheet</u> | | | | | |
| DIAGNOSIS | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | |
| RELEASE/TRANSFER DATE <u>3/12/02</u> TIME <u>2:00</u> AM PM | | RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>B. Helms</u> | DATE <u>3-12-02</u> | PHYSICIAN'S SIGNATURE <u>B. Helms</u> | DATE <u>3-12-02</u> | CONSULTATION | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd, Courtney</u> | | AGE <u>20</u> | DATE OF BIRTH <u>[REDACTED]</u> | R/S <u>B/m</u> | AIS # <u>217580</u> |

DEPARTMENT OF CORRECTIONS

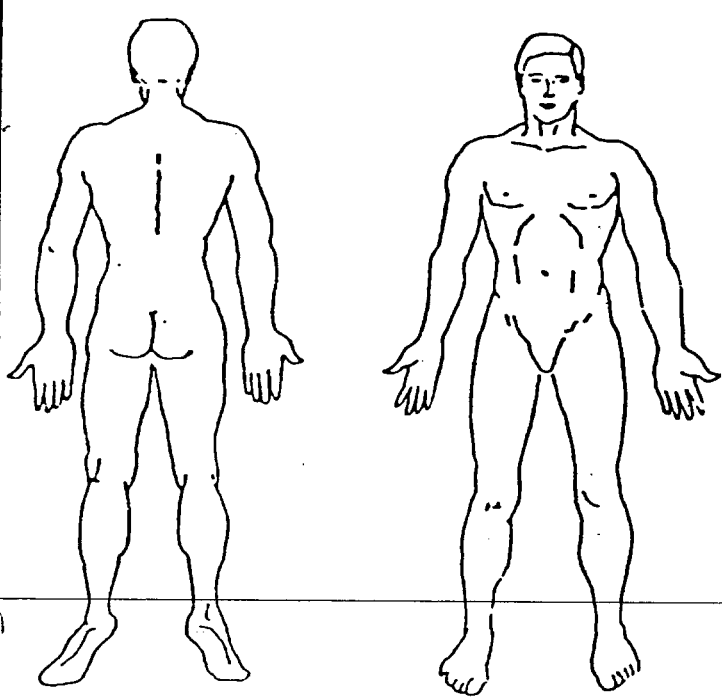
EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | |
|---|--|---|---------------------------------|---|---------------------|
| DATE <u>3/31/02</u> TIME <u>6:50</u> ^{AM} _{PM} | | FACILITY <u>SCC</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES <u>NKA</u> | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP <u>98</u> ^{ORAL} _{RECTAL} RESP. <u>20</u> PULSE <u>68</u> B/P <u>101/78</u> | | RECHECK IF SYSTOLIC <u><100 > 50</u> | | | |
| NATURE OF INJURY OR ILLNESS <u>S- My head has been hurting for the last 5 days</u> | | <div style="display: flex; justify-content: space-between;"> <div> ABRASION/// CONTUSION # BURN ^{XX} _{XX} FRACTURE ^Z _Z LACERATION/ SUTURES </div> <div style="text-align: center;">  </div> </div> | | | |
| PHYSICAL EXAMINATION <u>O- Alert and oriented x3</u> <u>C/o pain to temples</u> <u>A acute distress noted</u> <u>A- Alteration in comfort</u> | | | | | |
| ORDERS, MEDICATION, etc. <u>P/D MD to review</u> | | | | | |
| DIAGNOSIS | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | |
| RELEASE/TRANSFER DATE <u>3/31/02</u> TIME <u>6:50</u> ^{AM} _{PM} | | RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE <u>Amelican</u> DATE <u>3/31/02</u> | | PHYSICIAN'S SIGNATURE <u>B. Day</u> DATE <u>4-1-02</u> | | CONSULTATION <u>(0730)</u> | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Boyd Courtney</u> | | AGE <u>20</u> | DATE OF BIRTH <u>[REDACTED]</u> | R/S <u>[REDACTED]</u> | AIS # <u>208921</u> |

EMERGENCY/

NC 041

DEPARTMENT OF CORRECTION EMERGENCY/ (OTHER) TREATMENT RECORD

| | | | | | | |
|---|--|--|--|--|--|------------------------------------|
| DATE 3-25-2002 | | TIME 8:45 | FACILITY State | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER | |
| ALLERGIES NKA | | CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | | |
| VITAL SIGNS: TEMP 98.0 | | ORAL RECTAL | RESP. 16 | PULSE 72 | B/P 104/68 | RECHECK IF SYSTOLIC <100> 50 |
| NATURE OF INJURY OR ILLNESS | | | | ABRASION/// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^Z / _Z LACERATION/ SUTURES | | |
| S-T Am vomiting, I am Sick. I was in the Chapel and went to the bathroom and threw up. I am still sick to your stomachs. O-Inmate to Hall ambulates guarding, grimace or visual signs of pain. Very vocal, continuously talking, no excessive swelling or edging noted. Exam shows no abd masses, no guarding, tenderness over abd quads. Bowel sounds active quads. Reports passing urine is diff. Reports BM this Am. Reports no longer with nausea. Still with abd pain. A- Orientation in comfort. Altered in Gt States. P- Chart to MD desk for review. | | | |  | | |
| PHYSICAL EXAMINATION | | | | | | |
| ORDERS, MEDICATION, etc. | | | | | | |
| Urine is diff. Reports BM this Am. Reports no longer with nausea. Still with abd pain. A- Orientation in comfort. Altered in Gt States. P- Chart to MD desk for review. | | | | | | |
| DIAGNOSIS | | | | | | |
| INSTRUCTIONS TO PATIENT | | | | | | |
| Eat lightly x 24 hrs. Con to pill call to the new med. | | | | | | |
| RELEASE/TRANSFER DATE 3/25/2002 | | TIME AM PM | RELEASE/TRANSFERRED TO DOC AMBULANCE | | CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE B. Lee | | DATE 3-26-02 | PHYSICIAN'S SIGNATURE B. Lee | | CONSULTATION | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney | | | | AGE 20 | DATE OF BIRTH [REDACTED] | R/S AIS # 208921 |



EMERGENCY

| | | | | | | |
|--|--|-------------------------|---|--------------------------|---|---|
| ADMISSION DATE 07 / 12 / 05 | | TIME 10:45 AM | ORIGINATING FACILITY telmore pop | | <input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT | |
| ALLERGIES NKA | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP 98.7 | | ORAL RECTAL | RESP. 20 | PULSE 88 | B/P 110 / 70 | RECHECK IF SYSTOLIC 110 <100> 50 |
| NATURE OF INJURY OR ILLNESS 5- "Body Chart per DOC's request." | | | ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES | | | |
| | | | | | | |
| PHYSICAL EXAMINATION O- Ambulated into ER's diff. A+0 x 3. Skin w/d to the touch, resp even & unlabored, & injuries noted to upper & lower extremities, able to bend over 5 diff. & acute distress noted, pulse strong, & spasms noted to back area, & bruise noted, painful stimuli noted to 4 extremities. | | | ORDERS / MEDICATIONS / IV FLUIDS TIME BY P-1) Hcp to review 2) Sick call if necessary | | | |
| DIAGNOSIS A- Body Chart | | | INSTRUCTIONS TO PATIENT Wgt 175 | | | |
| DISCHARGE DATE 07 / 12 / 05 | | TIME 10:30 AM | RELEASE / TRANSFERRED TO DOC | | CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE Justin Pop | | DATE 07/12/05 | PHYSICIAN'S SIGNATURE telmore | | DATE 7/20/05 | |
| INMATE NAME (LAST, FIRST, MIDDLE) Brown, Christ... | | | DOC# 208921 | DOB [REDACTED] | R/S Bm | FAC. telmore |



PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

| | | | | | | |
|---|--|-------------------|---|--|---|---|
| ADMISSION DATE 7/20/05 5:00 | | TIME AM | ORIGINATING FACILITY Elmore | | <input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT | |
| ALLERGIES NKA | | | CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA | | | |
| VITAL SIGNS: TEMP 98.2 | | ORAL RECTAL | RESP. 21 | | PULSE 70 | B/P 130/90 RECHECK IF SYSTOLIC <100> 50 |
| NATURE OF INJURY OR ILLNESS | | | ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES | | | |
| <p>S-Elmore brought in wheel chair. Sitting up & head down and eyes closed. Resp regular and unlabored. "My head & chest started hurting tonight." "I can't stand, my head is spinning." BP-standing 124/92. States he does not know what happened to him. Was found lying face down on the ground by other inmates. No swelling or abrasions noted.</p> <p>O-Nonverbal, responds to ammonia inhalant by turning head. When eyelid pulled open, inmate looks @ writer. Responds to ammonia inhalant 2nd time by breathing rapidly, when instructed to breath slowly, inmate slows resp. to 24. No orthostatic hypotension noted. Answers questions appropriately. Follows commands.</p> | | | <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p> | | | |
| | | | ORDERS / MEDICATIONS / IV FLUIDS TIME BY | | | |
| DIAGNOSIS A-Alteration in health maintenance | | | | | | |
| INSTRUCTIONS TO PATIENT P-41CP Review; Placed in room | | | | | | |
| DISCHARGE DATE 7/20/05 5:30 | | TIME AM | RELEASE / TRANSFERRED TO Elmore | | <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL | |
| NURSE'S SIGNATURE [Signature] | | DATE | PHYSICIAN'S SIGNATURE [Signature] | | DATE 7-20-05 | |
| INMATE NAME (LAST, FIRST, MIDDLE) Brand, Charles | | | DOC# msan | | DOB [Redacted] | R/S Rm FAC. Shaw |



Follow up

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Courtney Boyd Date of Request: 7-5-05
 ID # 208921 Date of Birth: [REDACTED] Location: C-2-96
 Nature of problem or request: I have a rash on both of my legs. And I need to see a doctor about my back. I was supposed to see him three weeks from 6/13/05. But I never did.

Courtney Boyd
Signature

DO NOT WRITE BELOW THIS LINE

Date: 7/6/05
 Time: 135 AM PM
 Allergies: WKA

| |
|--|
| RECEIVED |
| Date: <u>7/6/05</u> |
| Time: <u>2/2 AM</u> |
| Receiving Nurse Initials: <u>[Signature]</u> |

(S)ubjective: I have a Rash on both of my legs
My Back Hurts.

(O)bjective (V/S): T: 97° P: 84 R: 20 BP: 100/40 WT: 169⁵
cl/O Back pain 2 wks. wears a back brace. cl/O burning
sensation in spinal area. ambulate 3 different
able to touch knees, not able to touch feet. some tightness
 (A)ssessment: Noted. cl/O rash between thigh, peeling skin
cl/O itching no open areas noted.
Alteration in skin integrity.
Alteration in comfort: Back pain
 (P)lan: MO to relieve
1) No heavy lifting
2) Check next full call tomorrow

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Follow up

**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Courtney Byrd Date of Request: 5-26-05
 ID # 208921 Date of Birth: [REDACTED] Location: C-2-96
 Nature of problem or request: I was seen by Dr. Williams on 4-28-05, but
however I had to leave and come to see the surgeon, so I never got
my bottom back profile for the 180 day or my back brace or my
back brace profile. So I will like to have profile renewal.
Courtney Byrd
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/26/05
 Time: 2:00 AM PM
 Allergies: _____

| | |
|--------------------------|----------------------------|
| RECEIVED | |
| Date: <u>5/26/05</u> | <u>SM</u> <i>Sick Call</i> |
| Time: <u>2:00</u> | |
| Receiving Nurse Initials | |

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

No Show for sick call 5/27/05 DM/Red

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT